

Seven Rivers Sports

Waiver of Liability

Sporting, Recreation & Activities, Camps, Mission and Overnight Trips

LANGUAGE IN THIS FORM IS MANDATED BY THE FLORIDA LEGISLATURE:

NOTICE: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOURSELF ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF SEVEN RIVERS CHURCH (SRC) AND ITS EMPLOYEES, AGENTS, AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR RIGHTS AND YOUR RIGHT TO RECOVER FROM SRC OR ANY OF ITS EMPLOYEES, AGENTS, AND VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOURSELF OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SRC HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IF YOU DO NOT SIGN THE FORM.

1. I, _____, on behalf of myself hereby release, to the fullest extent permitted by law, SRC and its pastors, employees, agents, volunteers, and affiliate (collectively SRC) from liability in case of any and all illness, injury or loss as well as all claims, damages, or actions of any nature whatsoever, even if resulting from the negligence of SRC and even if resulting from the negligence, actions, judgements, decisions or errors in the administration of medicines or medical care by SRC for any event or activity in which I participate at or with SRC.
2. Furthermore, I do hereby authorize SRC to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician, surgeon, nurse, EMT, or person. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which may, in the exercise of judgement, be deemed advisable, based upon such circumstances as may exist, including but not limited to any emergency.
3. I hereby authorize SRC, and those with training as Emergency Medical Technicians, or Registered or Licensed Nurses, to perform care upon myself in accordance with the level of training they have received as deemed necessary by them. Regardless, I release them, to the fullest extent permitted by law, from any and all claims even if resulting from negligence, actions, judgements, decisions, decisions or errors in the administration of medicines or medical care. I hereby authorize any hospital which has provided treatment to myself to surrender physical custody of myself to any adult supervisor or agent of SRC upon completion of treatment. This authorization is given pursuant to Florida law.
4. I hereby request SRC to carry out discipline determined to be necessary as deemed appropriate under the circumstances and I release SRC from all claims for damages and

from any liability for any such discipline, even in the event of negligence by SRC. I also agree to pay all of the expenses of my trip home, if away from the church, because of disciplinary action should such action be deemed appropriate by SRC.

5. I recognize and agree that all activities at or involving SRC are intended to be physically, emotionally and spiritually beneficial, and that every activity in life involves inherent and unavoidable risks. I have also considered my ability to obtain independent insurance coverage or have other means to cover the expense of any loss, damage or injury and I accept the risk and expense.
6. I, hereby authorize the use by publication, display or public use of my photograph or any likeness in advertising, promotion or reporting of events at SRC or any activity in which SRC is associated and I therefore hereby waive and release, to the fullest extent permitted by law, any and all rights and claims for damages I may have against SRC from any and all claims, damages or actions of any nature whatsoever, including but not limited to claims pursuant to chapter 540, Florida Statutes, as a result of such use or display.
7. I further acknowledge that the activities at or involving SRC pursuant to this informed consent, release, and waiver of liability are not commercial activities under Florida law and I intend to bind myself as if they are not commercial activities under Florida law.
8. I have read the entire waiver, and voluntarily accept the conditions stated herein as a requirement for my participation in events and activities involving SRC. I agree that unless specifically revoked in writing and signed by me, this waiver will remain in full force and effect. I understand that participation may take place only with a fully executed form in the possession of SRC.

Signature: _____