



3715 LaVista Road ■ Decatur, Georgia 30033
 404.325.4214 ■ fax: 404.636.1814
 www.BriarlakeChurch.org

**Briarlake Baptist Church
 Recreation Program
 Waiver and Release Form**

As a participant in this Briarlake Baptist Church Activity I _____

(please print) or my child, _____ (please print), understand that Briarlake Baptist Church is a nonprofit charitable institution which is voluntarily presenting this program for me, other participants, and the community. I also understand that this activity is an active sport event which can involve physical contact with other players, the floor, field, equipment, and that there is a resulting risk of physical injury to myself, my child, and others. I understand the risks and the benefits of participating in this activity and I and/or my child am in proper physical condition to participate in this activity and I and/or my child have no existing injuries or conditions that could jeopardize my safety or health or the safety or health of the other participants. I, therefore, release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my participation in this Briarlake Baptist Church program, whether or not resulting from negligence, and I agree not to sue Briarlake Baptist Church or other organizing and administering churches, their representatives, staff or volunteers, on any such claim. I also give permission for the staff, representatives, or volunteers of Briarlake Baptist Church or other organizing churches to administer first aid or to seek medical care for me and/or my child during my and/or my child's participation in the program, and take me and/or my child to a medical facility for additional treatment if that appears necessary. I further understand that any photography taken of me or my child during the activities with Briarlake Baptist Church may be used for promotional purposes without further approval.

Emergency Telephone Number During Activity Hours:

Contact 1: _____
Name / Phone Number

Contact 2: _____
Name / Phone Number

Special Medical Needs: _____

Medications: _____

Activity: Basketball Baseball Soccer Summer Camp _____
 (Check one) (List each camp)

Signature of participant or guardian of participant under age 18 **Date**