



CATALYST MINISTRY

# Catalyst Ministry Discipline, Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINAL to your CM activity of participation

## Please check which one best describes your attendance:

Sponsor  Student  Youth/Children's Minister  Adult Volunteer

Participant Name \_\_\_\_\_ (circle one) Male Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Participant email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Church You are Attending with \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Known Allergies and Reactions \_\_\_\_\_  
 Medications Currently Taking \_\_\_\_\_

Parents/Legal Guardians Name \_\_\_\_\_  
 Emergency Contact Info of Parent/Legal Guardian:  
 Cell Phone \_\_\_\_\_ Parent(s) email \_\_\_\_\_  
 Person to notify if parent/legal guardian cannot be reached:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I, the participant or for those under 18 the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Catalyst Ministry Program. The individual identified on this form understands that all participants are required to abide by the Program rules and be directly responsible to the Catalyst Ministry Program Director. The Catalyst Ministry Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I hereby release, forever discharge and agree to hold harmless a) Catalyst Ministry and its directors, officers, employees, Program Directors, agents and all other persons or entities acting on their behalf (the "Covered Parties") and b) the lessor/owner of properties on which the Programs are held, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant, the undersigned, and/or any member of the participant's family by reason of participating in any activities associated with Catalyst Ministry Programs whether or not such claims, actions, demands, liability, costs or expenses are caused by the negligence or omission of any of the Covered Parties. It is my intention to, and I do hereby surrender and waive any rights to sue or exercise any legal right to seek damages from the Covered Parties from their failure to use reasonable care in any way.

Further, I do authorize the minister or sponsor of the Program, or any Catalyst Ministry staff member to take the participant to a doctor or hospital and I hereby authorize medical treatment, including by not limited to emergency surgery or medical treatment, and I hereby assume financial responsibility for all expenses incurred for such treatment and, if necessary, all expenses to return the participant home.

Further, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in this Catalyst Ministry Program. I hereby release and agree to hold harmless and indemnify the Covered Parties, for any liability and/or expense sustained as the result of negligent, willful or intentional acts of the participant, including damages to the Program facility. I agree to pay for damage done to any Program facility or Catalyst Ministry property by the participant.

For valuable consideration received, I hereby irrevocably grant to Catalyst Ministry the worldwide, royalty-free, right to use the participant's name, voice, likeness, and image in all forms and media, and in all manners for any lawful purposes, commercial or noncommercial.

I further agree this agreement will be governed by and construed in accordance with the laws of the State of Ohio without giving effect to the principles of conflict of law and the courts within Ohio will be the only courts of competent jurisdiction. I hereby irrevocably submit to the personal jurisdiction of the courts of Lake County, Ohio.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement I assume all risks and waive and release certain substantial rights that I may have or possess against Catalyst Ministry or any of the covered parties.

Signature of Participant Named Above \_\_\_\_\_

(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Legal Guardian \_\_\_\_\_