

ACTIVITY CONSENT FORM

Participant's name: _____
First Last

Date of Birth (month/day/year): ____/____/____ Age during activity: _____

For participation in the following activity:

- | | |
|---|---|
| <input type="checkbox"/> Kayaking / Rafting | <input type="checkbox"/> Winter Fun Day |
| <input type="checkbox"/> Jovenes Summer Retreat | <input type="checkbox"/> Youth Rally |
| <input type="checkbox"/> Soccer Tournament | <input type="checkbox"/> YAM Fall Retreat |

I understand that participation in the above specified activity involves a certain degree of risk. I have carefully considered the risk involved and have given my consent to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Pennsylvania Conference of Seventh-day Adventist and the Pennsylvania Conference Association of Seventh-day Adventist Inc. (these two entities hereafter collectively referred to as PA Conference), the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Participant(s) agree to comply with all PA Conference policies and rules. Because this activity is open to other individuals, Participant(s) recognize that they are at higher risk of contracting COVID-19. With full awareness and appreciation of the risks involved, Participant(s), for themselves and on behalf of their families, spouses, estates, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue the PA Conference, their board members, directors, officers, agents, servants, affiliates, employees, volunteers, successors, and assigns (collectively, the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, including the contracting of COVID-19, that may be sustained by Participant(s) for any reason, whether caused by the negligence of the Released Parties, any third-party using the area where event is located, or otherwise, while participating in any activity while in, on, or around the event and/or while using any facilities, exhibits, programs, materials, or amenities provided during the event.

Participant(s) agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorneys' fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, property damage, loss of use, monetary loss, or any other injury from or related to their participation in, exhibits, programs, materials, or amenities, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.

Participant's signature: _____ Date: _____

APPROVAL BY PARENT OR LEGAL GUARDIAN

To be completed and signed by parent/guardian if Participant is under 18 years of age.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, or any other medical care needed to secure the proper treatment for my child.

Participant's signature _____ Date: _____

Parent/guardian printed name: _____

Parent/guardian signature: _____

Relationship to child: _____ Date: _____

Area code and telephone numbers (For emergency contact)