

Participant's Name: _____

Parish City/State: _____

**METROPOLIS OF ATLANTA WAIVER AND COMPLETE RELEASE OF LIABILITY,
MEDICAL TREATMENT AND PHOTO AUTHORIZATION**

In consideration of the Greek Orthodox Metropolis of Atlanta, Inc. or the Greek Orthodox Metropolis of Atlanta Diakonia Center, Inc. (which entities, together with all of the churches and missions that comprise a part of the Greek Orthodox Metropolis of Atlanta, are collectively defined herein as the "**Church**") furnishing or making available services, property, camp site, housing, transportation, supervision, activities, resources, supplies, programs and equipment to enable the undersigned participant (the "**Participant**") to participate in Church religious, social, cultural, athletic or other activities, services, programs and events (collectively, the "**Church Events**"), and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned Participant and the undersigned legal Guardian of Participant, on behalf of themselves, and their respective children, representatives, executors, heirs, beneficiaries and successors (all of the foregoing being collectively defined as the "**Undersigned**") fully and unconditionally agree as follows:

1. The Undersigned fully understand, acknowledge and agree that:

(a00) all indoor or outdoor Church Events have inherent risks, dangers, hazards and exposures (collectively defined as the "**Dangers**");

(b00) participation in Church Events and/or use of Church owned, borrowed or leased equipment, facilities, real or personal property, buildings, or spiritual, residential or recreational items, properties or equipment (collectively defined as the "**Church Property and Equipment**") may result in injury, illness, sickness, disease, strains, breaks, fractures, partial and/or total paralysis, death or other ailments or injuries that could cause serious disability (all of the foregoing being collectively defined as the "**Injuries**");

(c00) these Dangers or Injuries may be caused by: (i0) accidents, the forces of nature, foreseeable or unforeseeable causes, or other causes; or (ii0) the actions, omissions or negligence of other participants in Church Events or other individuals or entities; or (iii) the actions, omissions or negligence of the Church Youth Director, Metropolitan, Church Event chaperons or leaders, clergy or other Church Council members, parishioners, agents, subcontractors, officers, volunteers or employees of the Church (all of the foregoing individuals being collectively defined as the "**Church Officials**"); and

(d00) by the participation by any of the Undersigned in Church Events or use of Church Property and Equipment, the Undersigned hereby assume all risks and Dangers and all responsibility for any and all Injuries, Dangers, losses and damages, which occur or arise therefrom, whether caused in whole or in part by the actions, omissions or negligence of any of the Church Officials, the Church or any other person or entity.

2. The Undersigned Participant and Guardian, on behalf of all of the Undersigned, including their respective children, representatives, heirs, beneficiaries and successors, hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify the Church, and all Church Officials, from any and all Injuries, Dangers, lawsuits, other proceedings, claims of any kind, actions or losses of any kind, including without limitation those for bodily injury, Injuries, property damage, wrongful death, loss of services or otherwise, which might arise out of use of the Church Property and Equipment or

participation in, or travel to, any Church Events. The Undersigned specifically understand and agree that the Undersigned are releasing, discharging and waiving, without limitation, any claims or actions that the Undersigned may have presently or in the future for the negligence, actions, omissions or other conduct by Church or any or all of the Church Officials in connection with Church Events or Church Property and Equipment. The Undersigned also hereby represent that the Participant is in good physical and mental condition and is capable of participating in outdoor and indoor recreational activities and programs all without incident or problem of any kind, including, but not limited to, swimming, diving, boating, ropes courses, climbing activities, basketball, volleyball and other sports and adventure activities. The Undersigned accept all responsibility for Participant's physical well being and health and the results of the Undersigned's participation in any such activities or Church Events.

3. THE UNDERSIGNED HAVE READ THIS WAIVER AND RELEASE AND BY SIGNING IT AGREE THAT IT IS THE UNDERSIGNED'S INTENTION TO FULLY AND COMPLETELY RELEASE, EXEMPT, RELIEVE AND HOLD HARMLESS THE CHURCH AND ALL CHURCH OFFICIALS FROM ANY LIABILITY OR OTHER CLAIM OF ANY KIND FOR ANY INJURIES, DAMAGES, PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE, ACTIONS, OMISSIONS OR OTHERWISE IN ANY WAY RELATED TO CHURCH EVENTS OR CHURCH EQUIPMENT.

4. Any Church Official may seek whatever medical attention or treatment he or she believes the Participant may need, including, without limitation, having them see a doctor or other professional at a hospital, clinic, other medical facility or at Church Events (collectively defined as the "**Medical Professionals**"), and any Medical Professionals may treat the Participant and provide whatever medical attention or treatment they believe the Participant requires or could benefit from (the "**Medical Treatment**").

5. The Undersigned Guardian and Participant (if of legal age) will remain completely financially responsible and liable (regardless of whether or not he or she has insurance) for any and all costs, fees or expenses associated with any such Medical Treatment, and the Guardian and Participant (if of legal age) will promptly reimburse and indemnify the Church,

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any Church Official and/or the Medical Professionals for any costs, fees, expenses or claims of any kind they may incur in obtaining such Medical Treatment for the Participant; provided, however, that nothing herein shall obligate the Church or Church Official to incur any such costs, fees or expenses or seek such Medical Treatment, and nothing herein shall supersede, limit or conflict with any Waivers, Releases or Hold Harmless Agreements that may be executed in favor of any of the Church or any Church Officials in this or any other document.

6. Representatives and authorized contractors of the Church are hereby authorized to take and record photographs, videotape or other images, and or make audio, video or other recordings, of Participant and Participant's activities at or involvement in Church Events, or using Church Property and Equipment, solely for use by the Church in its brochures, newsletters, video tapes, recordings, web sites and other promotional material or items to promote the Church or Church Events, all without any remuneration to Participant, Guardian or the Undersigned.

All of the above provisions are accepted and agreed to as of: _____ (Date)

“UNDERSIGNED”	

Participant's Signature	Participant's Address
_____	_____
Participant's Printed Name	City
State Zip	_____
_____ / _____	_____
Home Phone	Cell Phone
_____	_____
Guardian's Signature	Guardian's Address (if
different)	(if Participant is less than 18 years old)
_____	_____
Guardian's Printed Name	City
State Zip	_____
_____	_____
Other Phone	Home Phone
_____	_____
<i>In case of emergency, you may contact:</i>	
NAME: _____	
ADDRESS: _____	
CITY: _____	STATE: _____
ZIP: _____	
Home Phone: _____	WK
Phone: _____	
Cell	
Phone: _____	EMAIL: _____

MEDICAL HISTORY FORM

All GOYANS, Youth Workers, Advisors, and all adults attending events must fill out this form.

Goyan's Name (last, first): _____

Youth Worker/Advisor Name: _____

Date of Birth: _____ Age: _____ Grade (Fall 2009): _____

Address _____

City: _____ State: _____ Zip: _____

Mother's Name _____ Cell #: _____

Father's Name _____ Cell#: _____

Physician's Name _____ Phone: _____

Physician's address: _____

Hospital of Choice: _____ Tel#: _____

Dentist's Name _____ Tel#: _____

Dentist's Address: _____

Any medical problems ? _____

Is your child taking either prescription or over-the counter medication on a regular basis? Yes/No

Name of drug/ dose/ time of day it is taken _____

Physician prescribing drug: _____

Does child have any drug allergies? Yes / No

If yes, Name of Drug(s): _____

Other Allergies: _____

Type of Reaction (be specific): _____

Comments: _____

List names and telephone numbers of three persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons may have to make a medical decision.

1. Name _____ Relationship _____ phone _____

2. Name _____ Relationship _____ phone _____

3. Name _____ Relationship _____ phone _____

EMERGENCY MEDICAL TREATMENT

To the Advisors, Coaches and Clergy:

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she participates in GOYA, you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of your and the doctor's actions relating to my child's illness/injury, and I assume and agree to pay for any professional medical services and other fees/costs incurred.

Parent/Guardian Signature: _____ Date _____

Permission for emergency medical treatment will be effective throughout the Goyan's enrollment. If there is any change of information, please contact either the Clergy or Advisors.

Name of Insured: _____

Insurance Company _____

Group Identification # : _____ Member # _____

Telephone # _____

__ Attached is a copy(front and back) of the Insurance Card of the Insured-stapled to this form

Insurance Card Form

Participant Name: _____

Parish City/ State: _____

Please place a copy of your Insurance Card-Front and Back on this form:

Insurance Card Front:

Insurance Card Back:

Insurance Name: _____

Name of

Insured: _____

Group Number: _____

Phone Number: _____

You may scan this information and email to:

Ethel Gjerde: sargepw8@yahoo.com

Michelle Cassimus: youth@atlmetroplis.org

All forms may be downloaded from our website:

www.atlmetroplis.org