

SHORELINE COMMUNITY CHURCH
1251 Clark Street
North Bend, Oregon 97459
541-808-0902

Date: _____

SCC Staff Initials: _____

BULLETPROOF: HOLD HARMLESS AGREEMENT

2024 - 2025

PLEASE READ CAREFULLY BEFORE PROCEEDING. This document contains personally identifiable information that is sensitive in nature. By completing and signing this document you are acknowledging the sensitivity of personally identifiable information and that you trust Shoreline Community Church and its representatives to adhere to security guidelines in safeguarding this information. Shoreline Community Church takes care to ensure that information such as this is used only in the intended manner and is filed appropriately. Only authorized users may have access to this document.

Participant's Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ / _____ / _____ Age: _____ Grade: _____
Month Day Year

Participant Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

1ST Contact Name: _____ Mobile Number: _____ Relationship: _____

Work Number: _____

Home Number: _____

2nd Contact Name: _____ Mobile Number: _____ Relationship: _____

Work Number: _____

Home Number: _____

(For SCC Staff to fill in)

Name of Activity or Event: **Check All that Apply:**

- | | |
|--|---|
| ☐ Bulletproof 4 th -6 th Grade Discipleship (Monday Nights) | ☐ Flag-football |
| ☐ Vacation Bible School | ☐ Sandboarding |
| ☐ Bowling | ☐ After Dark Activities (i.e. Capture the flag, etc) |
| ☐ Skateboarding | ☐ Dodgeball |
| ☐ Kickball | ☐ Soccer |
| ☐ Basketball/Volleyball/Spikeball | ☐ Battle Ball |

Description of Activity or Event:

These activities cover all Bulletproof and the activities we do during youth group or during our outings. To be able to skateboard around the church property during scheduled Bulletproof 4th-6th Grade Discipleship times and outings. You will need to bring a helmet to wear or you will not be allowed to skate.

Possible Hazards or Risks (Note: This list may not be all-inclusive):

Injuries to the wrists, arms, legs, back and trunk range from cuts and bruises to sprains, strains, and broken bones. Facial injuries, such as a broken nose, or jawbone, or severe injuries include concussion and other head injuries. Certain injuries can even cause disability or even death.

Is this activity or event covered by SCC's insurance? Yes ☐ No ☐

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Medical Information (**In the event that Shoreline Community Church's Insurance does not cover the activity or event please mark the appropriate box.**)

Insurance: Yes ☐ No ☐ Insurance Company: _____ Policy # _____

Current medical conditions being treated for: _____

Current or regular medications taken: _____

Any known allergies (include food, drug, or any other): _____

Usage of Names, Photographs, and Videos:

I do _____ / do not _____ authorize SCC (or "releasees" as defined under number 5 of the "acknowledgement, understanding, and agreement" statement found on the next page) to use my or the participant's name(s), photograph(s), or video(s) associated with any SCC event or activity with regard to publications, displays, social media, PowerPoint, compact discs, Pro Presenter, website, or any other means of public display.

I also acknowledge that I may authorize or not authorize SCC or its releasees to use names, photographs, or videos of me or the participant in the aforementioned ways on a case by case basis regardless of my agreement or disagreement of authorization.

Shoreline Community Church (hereinafter "SCC") takes great care to ensure that proper supervision and safety is adhered to for SCC activities. As such, SCC maintains a responsible stance in the conduct of all activities and events. Nevertheless, SCC must also ensure all participants and participant guardians share responsibility in all SCC activities and events. Therefore it is imperative that the following is understood to the fullest.

I ACKNOWLEDGE, UNDERSTAND, AND AGREE THAT:

1. The risk of injury during this activity or event may be significant, including the potential for permanent disability or death, even though governing rules, adult supervision, protective and safety equipment, and personal discipline may be present; and,
2. I KNOWINGLY AND FREELY ASSUME ALL RESPONSIBILITY TO SUCH RISKS, both known and unknown, EVEN IN THE UNINTENTIONAL NEGLIGENCE OF ANY AUTHORIZED REPRESENTATIVE OF SCC during the participant's attendance at any such activity or event; and,
3. If, during my presence during any SCC activity or event, I witness an unusual hazard, I will immediately remove myself, my child or my participant from such activity or event and promptly notify an authorized SCC representative; and,
4. I give my consent and permission for authorized SCC representatives to obtain any emergency medical/dental treatment for my child or participant at any hospital in case of sickness, accident, or injury and to secure any medical/dental expenses incurred while participating in any SCC activity or event that is not covered by SCC; and,
5. I, for myself and on behalf of my heirs, assignees, personal representatives, and/or my next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SCC, its officers, employees, volunteers, and agents ("RELEASEES") with respect to ANY AND ALL DAMAGE, INJURY, DISABILITY, DEATH, LOSS OF PERSONS OR PROPERTY that may or may not occur, or result from activities and events either past, present, or future, whether arising from unintentional negligence of the RELEASEES or otherwise, **to the fullest extent permissible by law.**

I CERTIFY THAT I AM THE PARTICIPANT, OR PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, AND HAVE READ AND UNDERSTAND ALL INFORMATION CONTAINED WITHIN THIS DOCUMENT. I CERTIFY THAT AS THE SIGNEE I AM 18 YEARS OF AGE OR OLDER. I ALSO CERTIFY THAT ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND HAS BEEN VOLUNTARILY COMPLETED WITHOUT COERCMENT, PROMISE, REWARD, REPRISAL, OR INDUCEMENT. I WILLFULLY AND FULLY ACKNOWLEDGE THE RISKS ASSOCIATED WITH ANY ACTIVITIES OR EVENTS UNDER THE SANCTIONING OF SCC AND HOLD HARMLESS SCC AND ITS RELEASEES. I UNDERSTAND THAT IF I AM A PARENT OR LEGAL GUARDIAN OF A PARTICIPANT IT IS MY RESPONSIBILITY TO ENSURE THE MINOR OR DEPENDENT IN WHICH I ALLOW TO PARTICIPATE IS FULLY AWARE OF ALL RISKS INVOLVED. I FURTHER ACKNOWLEDGE IT IS MY RESPONSIBILITY TO ENSURE I OR THE PARTICIPANT ADHERE TO ALL RULES AND REGULATIONS GOVERNING SAFETY DURING ALL ACTIVITIES OR EVENTS AND TO REPORT ALL UNSAFE PRACTICES OR PROCEDURES TO THE NEAREST SCC REPRESENTATIVE.

PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

PRINT NAME _____ PHONE _____