

Open Gym Basketball Waiver



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"Open hearts. Open minds. Open doors."

I, _____, hereby agree to be responsible for the conduct and actions of my child, _____ and to release Ventura First United Methodist Church from any claims and demands that may occur during participation in the Open Gym Basketball held on Church Campus each Wednesday afternoon from 3:15 p.m. – 5:00 p.m.

I am not aware of any injury, illness or other health related issues that would restrict or limit my child's ability to play basketball.

I agree to assume all risk and expenses due to an injury that may occur as a result of my child's involvement in Open Gym Basketball.

I agree to hold Ventura First United Methodist Church or anyone acting on its behalf either as supervisor or administrator harmless in the event of any injury to my child while participating under the supervision of the above.

Name of Parent or Guardian (Print)

Signature of parent or guardian

Date: _____

Media Release Parental Consent Form

Please indicate your preference below for your child:

(Student Name)

Yes. My child's photograph/video/interview may be reproduced released for use in VFUM media.

No. My child's photograph/video/interview may NOT be reproduced released for use in VFUM media.

Parents Name (PRINT)

(Signature)

Date: _____