



West Park United Methodist Church  
625 Shiloh Pike  
Bridgeton, New Jersey 08302  
Rev. David L. Strobe, Pastor

## **All Gym Sports Activities (Pickleball, Hockey, Basketball, Volleyball, etc.)**

### **ASSUMPTION OF RISK**

I understand that participation in \_\_\_\_\_ involves the risk of injury, illness, or death. I acknowledge these risks and affirm that I am willing to assume responsibility should injury, illness, or death result. I further understand that before participating in \_\_\_\_\_ I should consult a physician for advice.

### **RELEASE**

In consideration for my permissive use of West Park Church facilities, I agree on behalf of myself, my heirs, executors, and assigns to fully and forever release and discharge West Park Church, its demands, damages, actions or causes of action that arise or that are in any way related to my use of West Park Church facilities to the fullest extent permitted by law.

### **HOLD HARMLESS**

I hereby agree to indemnify and save and hold harmless West Park Church, its officers, directors, volunteers and employees from any loss, liability, damage or cost they may incur due to my participation in, or use of, West Park Church facilities to the fullest extent permitted by law.

### **MEDICAL COSTS/INSURANCE**

I understand that West Park Church does not provide medical insurance coverage for me for any injury or illness arising from my use of the facilities. I certify that I have, or will obtain health insurance coverage for myself and agree that I will submit any costs for treatment for any injury or illness arising from my use of the facilities through my own health insurance or will otherwise be financially responsible for such costs.

## **EMERGENCY MEDICAL TREATMENT**

I hereby give my consent for West Park Church to secure emergency medical treatment for myself in the event that I am unable to give such consent due to injury or illness. It is understood that West Park Church will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

## **COVID-19**

I understand the contagious nature of COVID -19 and voluntarily assume the risk that my participation may expose me.

## **MEDIA RELEASE**

I hereby give my permission for West Park Church and any ministry of West Park Church to use my images/videos as well as, name and geographical information, in media and publications related to West Park Church. I understand that the images may appear and be identified in various media outlets such as; print, social media, television, website, online, newspaper, and radio in any West Park Church publication or promotions.

Activity \_\_\_\_\_

Full Name (Printed) \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature if Minor under 18 \_\_\_\_\_

Date: \_\_\_\_\_

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