First Unite	ed Methodist Chu	urch Richards	on 2022	- Activity Wa	aiver/Release
Please circle activity:	*PICKLEBALL*	*PICK-UP BASKET	BALL* *	FIT FOR LIFE*	*YOGA*
Last Name:		First Name:			
Address:					
City	State	Zip:	DOB:	//	
Email:		Phone:			
Church you regularly a	attend:				
Emergency Contact:	Name		Phone:		
give up your right to brin	g a court action to recov	er compensation or	obtain any ot	her remedy for any	y signing this agreement, you y personal injury or property ırdson ("FUMCR") programs.
I desire to use the physical and attest to the truth of the			thodist Church	Richardson. In coni	nection with that desire, I make
falls, (2) athletic injuries, ar	agree that participation in Fent risks associated with FU ad (3) illness, including expo	JMCR activity/program osure to and infection v	rograms come participation, ir vith viruses or b	ncluding but in no w pacteria. I further ac	s. I have full knowledge and ay limited to: (1) slips, trips, and knowledge that the preceding in no way limits the operation of
I understand that I should of Church Richardson does n				-	e and that First United Methodist am.
I understand that it is important fitness goals. I understand					lved in helping me meet my ysical limitations.
recommend social distancia	an extremely contagious ng as a mean to prevent the I death. Participating in F JMCR in no way warrants tl	e spread of the virus. CUMCR activities/prog	ly through pers OVID-19 can l rams or acces	on-to-person contac lead to severe illne ssing FUMCR facili	ct. Federal and state authorities ss, personal injury, ties could increase the risk of
	Waiver, Release	e, Indemnificatio	n & Covena	ant Not to Sue	
heirs, representatives, exec directors, employees, volur	cutors, administrators, and nteers, agents, representati g, but in no way limited to,	assigns, HEREBY DO ves and insurers ("Rele	RELEASE FUI easees") from a	MCR its pastors, coa	ase and on behalf of myself, my aches, instructors, officers, , claims, or demands of any executors, administrators and
future, against FUMCR on	account of personal injury,			-	ut of or in any way related to the upervised or unsupervised,

(Signature of parent if under 18)

In consideration of my participation in FUMCR activities/programs I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to

calendar year at which time a new release will need to be updated.

however the injury or damage occurs, including, but not limited to the negligence of Releasees.

my FUMCR activities/programs participation.