

MEDICAL AUTHORIZATION &
RELEASE/WAIVER OF LIABILITY
COGO MINISTRIES
OSYC 2021

A COMPLETED WAIVER IS REQUIRED FOR EVERY MINOR REGISTRANT - ANY STUDENT WHO WILL BE UNDER THE AGE OF 18 ON NOVEMBER 12, 2021. ADULT LEADERS ARE ALSO REQUIRED TO HAVE A COMPLETED WAIVER ON FILE. SIGNING THIS WAIVER INDICATES THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE WAIVER.

The undersigned participant ("Participant") in OSYC 2021, sponsored by COGO Ministries, in Springfield, OH on November 12-14, 2021 and Participant's parent(s) or legal guardian(s), in consideration of the benefits received from Participant's participation in OSYC 2021, individually affirm and agree for November 12-14, 2021 that:

1. Acknowledgment of Risk. We fully understand and acknowledge that participating in OSYC activities may entail hazards, dangers, and other risks to bodily health, safety, and well-being. Such activities, risks, hazards, and dangers may include, but are not limited to, the following: inflatable game activities, dehydration, general transportation issues, hotel safety, city threats, exposure to illnesses (including but not limited to Covid-19), theft/loss of personal belongings, exercise, loud music, exposure with homeless individuals, protesters, and crowded areas, etc. We understand that the risks and dangers inherent in these activities may be caused by the negligence of Participant in the activity, the negligence of others, accidents, breaches of contract, forces of nature, human hostilities, or other causes, and knowingly accept those risks.
2. Obligations of the Participant. As a condition of participating in OSYC 2021, Participant shall (1) learn and consistently follow the rules governing OSYC and its associated activities, (2) obey all instructions of OSYC staff and volunteers, and (3) alert OSYC staff immediately of any dangers or hazards to the safety of any individual(s) in OSYC that Participant perceives.
3. Permission. We give permission for Participant to participate in OSYC and all of its associated activities, including but not limited to those described in Section 1, above. We also authorize OSYC and COGO Ministries, its agents, and any agencies working in conjunction with this event to provide medical treatment to Participant, as specified below in Section 5, below, "Medical Authorization."
4. Liability Waiver/Release. In consideration of Participant's participation in OSYC, and intending to be legally bound, We hereby, for ourselves, our heirs, executors, and administrators, assume all risks and dangers identified above and hereby agree to release and hold harmless OSYC and COGO Ministries, its service providers, employees, volunteers, directors, officers, other agents, and any agencies it works in conjunction with from any and all liabilities, claims, demands, actions, or losses for or from bodily injury, property damage, sickness, wrongful death, loss of services, or otherwise, which may arise out of, or be related to, Participant's participation in OSYC or any activity associated with or related to OSYC.
5. Medical Authorization and Release. We understand that COGO Ministries, will make every effort to contact Participant's parent(s) and/or guardian(s) in the event of a medical emergency. Nevertheless, we hereby give permission and authorize OSYC and COGO Ministries and its agents, at any time they believe an emergency exists, to provide, facilitate, and consent to the provision of any first aid, doctor's care, hospitalization, surgery, transportation to medical facility, and/or any other form of medical care or treatment that OSYC and COGO Ministries, determines that Participant may need because of illness, injury, or other health problems that Participant may suffer while participating in OSYC or its associated activities. We agree to be financially responsible for any medical bills incurred as a result of medical treatment for Participant. We agree to release and hold harmless OSYC and COGO Ministries, and its employees, volunteers, directors, officers, other agents, and any agencies it works in conjunction with, from any claims, liabilities, actions, demands, or losses for or from bodily injury, property damage, wrongful death, or otherwise, which may arise from provision or omission of any type of medical care or transportation to or from a treatment facility by those chosen by OSYC and COGO Ministries, to administer medical care for and/or transport Participant, and which may arise by any cause, including through the negligence or carelessness of OSYC and COGO Ministries, its agents, or any agencies it works in conjunction with. We understand that reasonable safety precautions will be taken or implemented by COGO Ministries, and its representatives during the events and activities.
6. Authorization to use Participant's picture, name, voice, and likeness from the Event. We grant to OSYC and COGO Ministries, and to its successors, licensees, and assigns, the irrevocable right (but not obligation) to use Participant's name, likeness, voice, photograph, and/or video image in program materials, promotional materials, highlight video, and

other works, including but not limited to news releases, publications, film or video programs, radio or TV announcements, Internet display, and for any other use by OSYC and COGO Ministries, at its sole discretion. COGO Ministries will own the picture images, voice, and/or likeness taken of Participant from the Event and has the right to modify or re-purpose the images for its usage.

7. Indemnity. We agree to accept sole responsibility and liability for any injury or damage to a third party resulting from Participant's acts or omissions, and we agree to hold OSYC and COGO Ministries, its volunteers, employees, officials, directors and agents harmless from any lawsuit or claim arising therefrom, and we agree to indemnify OSYC and COGO Ministries, its volunteers, employees, officials, directors, agents, and any agencies it works in conjunction with, in the full amount of any judgment or settlement obtained and/or any expense incurred (including attorney fees) as a result of Participant's actions.

8. Severability/Choice of Law. If any term or provision of this Agreement is found to be unenforceable, the remaining terms and provisions shall remain in full force and effect. The law of the State of Ohio shall apply to the interpretation of this Agreement, and any action brought to enforce the terms of this Agreement, or related to this Agreement, shall only be initiated in a court with competent jurisdiction over the County of Delaware, Ohio.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE/WAIVER OF LIABILITY:

_____	_____	_____
Participant's Name (Please Print)	Participant's Signature	Date

SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN(S):

_____	_____	_____
Name of Father/Guardian (Please Print)	Signature of Father/Guardian	Date

_____	_____	_____
Name of Mother/Guardian (Please Print)	Signature of Mother/Guardian	Date

A signed and notarized copy of this waiver/release form is recommended but not required. This has been implemented in case medical treatment is necessary and a parental/guardian affirmation of signature is required by a medical facility.

SIGNATURE OF NOTARY

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public