



7296 9 Mile Road Mecosta, MI 49332  
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**NEW HOPE UNITED METHODIST CHURCH HEALTH & WELLNESS WAIVER**

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact Name/Number:** \_\_\_\_\_

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

***This waiver must be signed by any participant prior to participating with the group activity at New Hope with a signed copy provided to the church office.***

In consideration of your acceptance, I do hereby for myself, heirs, executors and administrators forever waive, release and discharge any or all rights/claims for damages which I may have, or which may accrue to me against New Hope United Methodist Church, including all sub-institutes, \_\_\_\_\_ (group), all workers, volunteers and members of New Hope United Methodist Church or their respective officers, agents, representatives, successors and/or assignees, and against my competitor/participant for any and all damages which may be sustained by me in connection with, or association with, participation in \_\_\_\_\_ (group), or in connection with any medical services that may be provided for any such injury or illness. I agree to release all of the above for their own negligence. I understand that \_\_\_\_\_ (group) is a physical sport/activity that could cause injury to myself. I further understand that I may be dismissed from the premise without compensation or refund if my conduct is not courteous and cooperative for the successful operation of \_\_\_\_\_ (group) and New Hope United Methodist Church.

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

**Participant Signature:** \_\_\_\_\_

**Parent/Guardian – if under 18 years of age:** \_\_\_\_\_

## New Hope United Methodist Church COVID 19 Waiver

Dear Member:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of CANADIAN LAKES PICKLE BALL CLUB, you agree to the following: On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless NEW HOPE UNITED METHODIST CHURCH, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.

Member Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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