

***Bethany United Methodist Church  
Leisure Ministries***

Insurance Waiver

Team Name \_\_\_\_\_ Team captain \_\_\_\_\_

Name of player \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address (print clearly) \_\_\_\_\_

Church attends \_\_\_\_\_

I verify by signing below, that I have read the rules for league that I am entering into. I also accept the fact that injuries may occur while playing in this league. I understand that Bethany United Methodist Church does not provide insurance coverage for this activity and that I am responsible for any injuries that may occur.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

All players under the age of 18 must submit an insurance waiver signed by their parent or guardian.

Parent or guardian name \_\_\_\_\_

Phone number(s) for parent or guardian – \_\_\_\_\_

I agree for \_\_\_\_\_ to participate in sports at Bethany United Methodist Church. I accept the fact that injuries may occur while he/she participates in this league. I understand that Bethany United Methodist Church does not provide insurance coverage for this activity. I also understand that I am responsible for any injuries that may occur. I agree that medical attention may be obtained for this person if necessary.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Turn in individual insurance waiver form first game night or mail to: Bethany UMC  
Leisure Ministries  
118 W. 3<sup>rd</sup> Street So.  
Summerville, SC 29483

OR submit your insurance waiver online at [www.bethanygym.com](http://www.bethanygym.com)