

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 _____