

# Friends Gathering Respite Care Participant Waiver of Liability

Christ United Methodist Church  
4201 State Highway 6 South  
College Station, TX 77845  
979-690-4673  
Friendsgathering@christ-umc.org

The undersigned participant and family member or legally appointed guardian of \_\_\_\_\_ does hereby waive liability for the Friends Gathering Respite Care Program volunteers and Christ United Methodist Church, College Station, Texas, for any injury occurring to the Participant during the activities of the Program. This waiver is meant to provide comfort and protection to Friends Gathering Respite Care as well as Christ United Methodist Church, College Station, Texas, in exchange for their agreeing to provide support, assistance, and help for the participant.

I further agree that in the event of a medical emergency, the volunteers of Friends Gathering Respite Care Program will call Emergency Services and will then notify family members. I agree to keep the Program aware of any changes in \_\_\_\_\_'s condition and medication so that his/her needs can better be served by the Program.

Signed this \_\_\_\_\_ day of \_\_\_\_\_

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

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