



# KEEP YOUR **CHURCH** OUT OF **COURT**



## SEMINAR

### Section 4

## Liability & Personal Injury Lawsuits



# KEEP YOUR CHURCH OUT OF COURT



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## Liability & Personal Injury Lawsuits

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by Adventist Risk Management, Inc.	



## Section 4 Outline

### Liability & Personal Injury Lawsuits

#### Lawsuits & Legal Maneuvers

- Accidents, mishaps and injuries on church property can result in personal injury lawsuits.
- What to Do When an Accident Occurs:
  - Administer first aid, call 9-1-1 and ensure the injured party receives quality care.
  - Ensure the comfort of the injured party and communicate the church's desire to care for personal, spiritual and physical needs.
  - File a Medical Payments Coverage (MedPay) claim with the church's insurance company. MedPay helps pay medical expenses for an injured party after an accident, regardless of fault. Provide claim information to the injured party.
  - Communicate regularly with the injured party to convey the church's goodwill and ensure prompt resolution of their claim.
  - Work in good faith for the injured party's good health and personal restoration. Mediate with your insurance company as necessary to expedite the claim process.
- What Happens When You Get Sued?
  - Demand Letters – A Demand Letter is official notice that states the harm suffered by the sender, requests relief, and may threaten legal action. Demand Letters may include a demand for compensation. Understand that an attorney's Demand Letter is not legal action, although the threat of legal action may be present.
  - Legal Action – Legal action may be initiated against the church seeking a remedy for a range of claims, including personal injury and abuse. Treat every legal action with care but recognize that the fact of litigation does not constitute a case with merit or confer a finding of guilt. The filing of a lawsuit is just another step in the often drawn-out and convoluted legal process. In many cases, legal action results in negotiation and steps toward a settlement as both parties seek to avoid the expense (and liability exposure for the defendant) of going to trial.
  - Interrogatories – When lawsuits are filed, interrogatories are used to gather information and clarify facts in a pending case. This discovery tool is a written set of questions that often cover a broad range of relevant (and sometimes less pertinent) topics and information. Always provide accurate and complete answers without evasion.



- Internal Documents and Communication – Discovery in any lawsuit includes the requirement to submit relevant internal documents, e-mails, texts, policies, administrative paperwork and other communication to the plaintiff's legal team. Recognize that any document in these categories is subject to discovery. Keep good records and preserve pertinent material whenever an accident, mishap or injury occurs on church property. Keep in mind that anything you say on the record will be admissible as evidence in any legal action.
- Intimidation Tactics – Be prepared for formal letters, direct language, threatening what-ifs, settlement outcomes, voluminous information requests, detailed interrogatories, legal language complexity (legalese) and more. Don't be intimidated by opposing counsel and always ensure robust representation for yourself and your church. Recognize that opposing attorneys are required to practice law within the boundaries of professional legal conduct. They may advocate forcefully for their clients but must do so with a firm adherence to well-established ethical rules.
- Insurance Company's Role – In any lawsuit, your first line of defense will be your insurance company's legal team. For personal injury, abuse and other legal claims, they will provide representation in fulfillment of the terms of your liability coverage. Mitigating risk and managing liability is the goal in most personal injury claims and so recognize this at the start.
  - Personal Injury Claim E-mail\* ..... 91
- Settlements – Settlements often occur during the negotiation period after a lawsuit has been filed by an injured party. Be sure to provide relevant information to your insurance company to aid in their response to any pending legal action.

### **Waivers of Liability & Incident Documentation**

- Waiver of Liability & Medical Release – Minor\* ..... 97  
Any event, activity, camp or transportation event with minors requires a Waiver of Liability and Medical Release. Medical Releases should be accessible to leaders during all phases of an event with extended travel time. Since medical events can occur at any time, this includes bus transportation, hotel stays and summer camps.
- Waiver of Liability & Medical Release – Adult\* ..... 99  
Require Waivers of Liability for any adult event or activity involving church-sponsored transportation or extended travel time away (hotel stays, bus travel, etc.). Adult waivers are especially important for senior adult activities, where trip hazards in new environments increase your liability exposure.



- Incident Report\* ..... 101  
 Incident Reports record unusual events that may not qualify as an accident or mishap. This could be minor altercations, verbal conflict with church leaders, argumentative behavior, abusive conduct or language, and other events above the reporting threshold. When in doubt about whether to record a borderline incident, encourage leaders to do so as a precaution.

### **Risk Assessment & Management**

- “Church Self-Inspection Form” by Adventist Risk Management, Inc.\* ..... 103  
 While there is no way to prevent every lawsuit or assess and mitigate all risk, regular safety inspections and risk assessments are an important tool for encouraging safety, preventing accidents and mitigating personal injury claims. Most insurance companies offer or mandate safety assessments via their own Insurance Inspectors. Churches can also conduct regular self-inspections for an added layer of protection.

\* Document Attached



## Notes

**3-8-23 Claim****E-mail**

**From:** Tim Spencer

**Sent:** Wednesday, March 8, 2023 1:41 PM

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** Claim [REDACTED]

Kim,

For your records, I have attached photos of the area in which the fall/injury occurred.

These photos were taken on February 28<sup>th</sup> with house lights in the "standby/maintenance" position. This is the lighting that is normally present after the service concludes and during which time the fall occurred.

I wanted to send these photos because a long-planned renovation of worship center broadcast, production and stage/scenic elements is about to begin. During this renovation, the area in question will be removed and replaced.

Please let me know if you have any questions.

Sincerely,

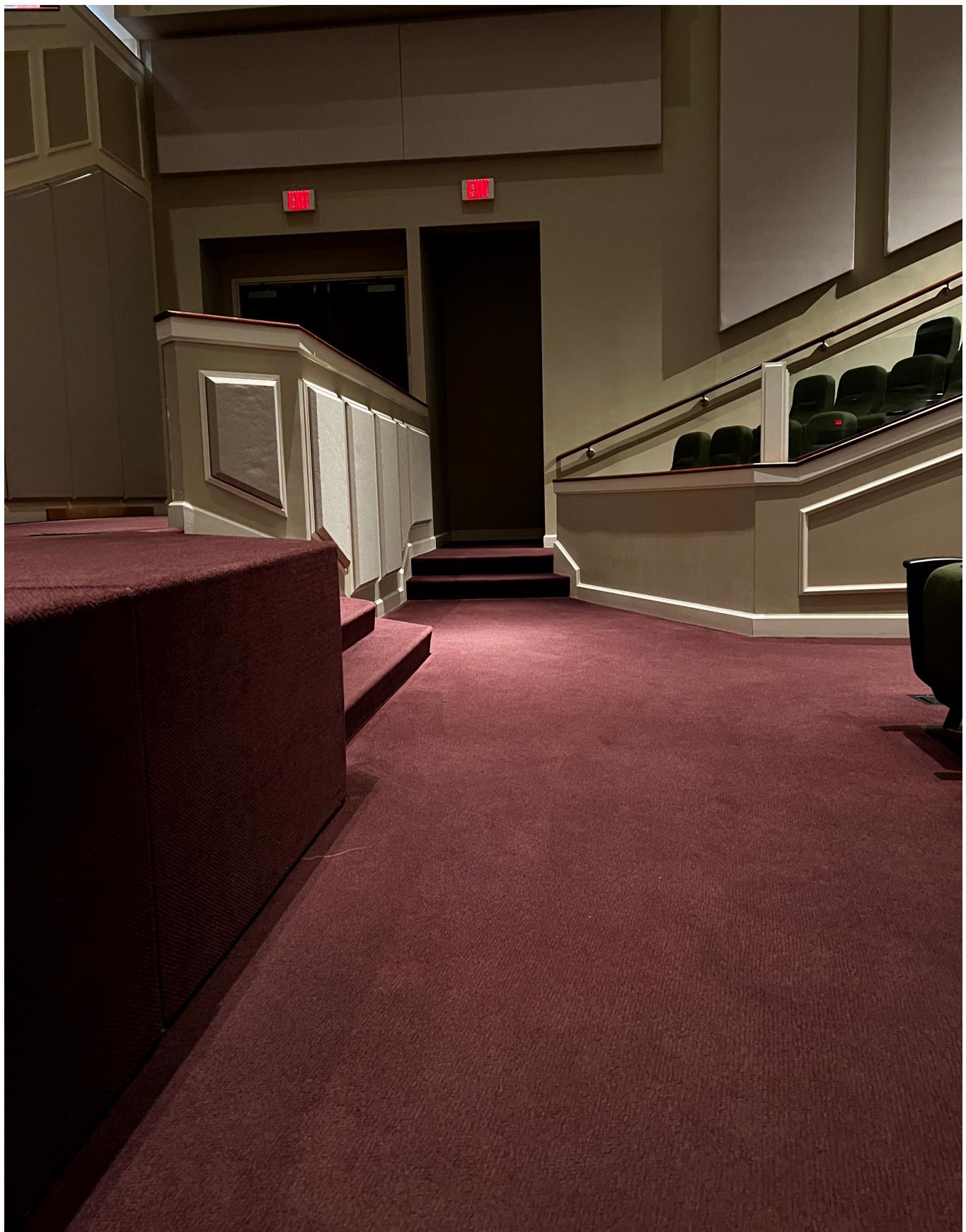
Tim

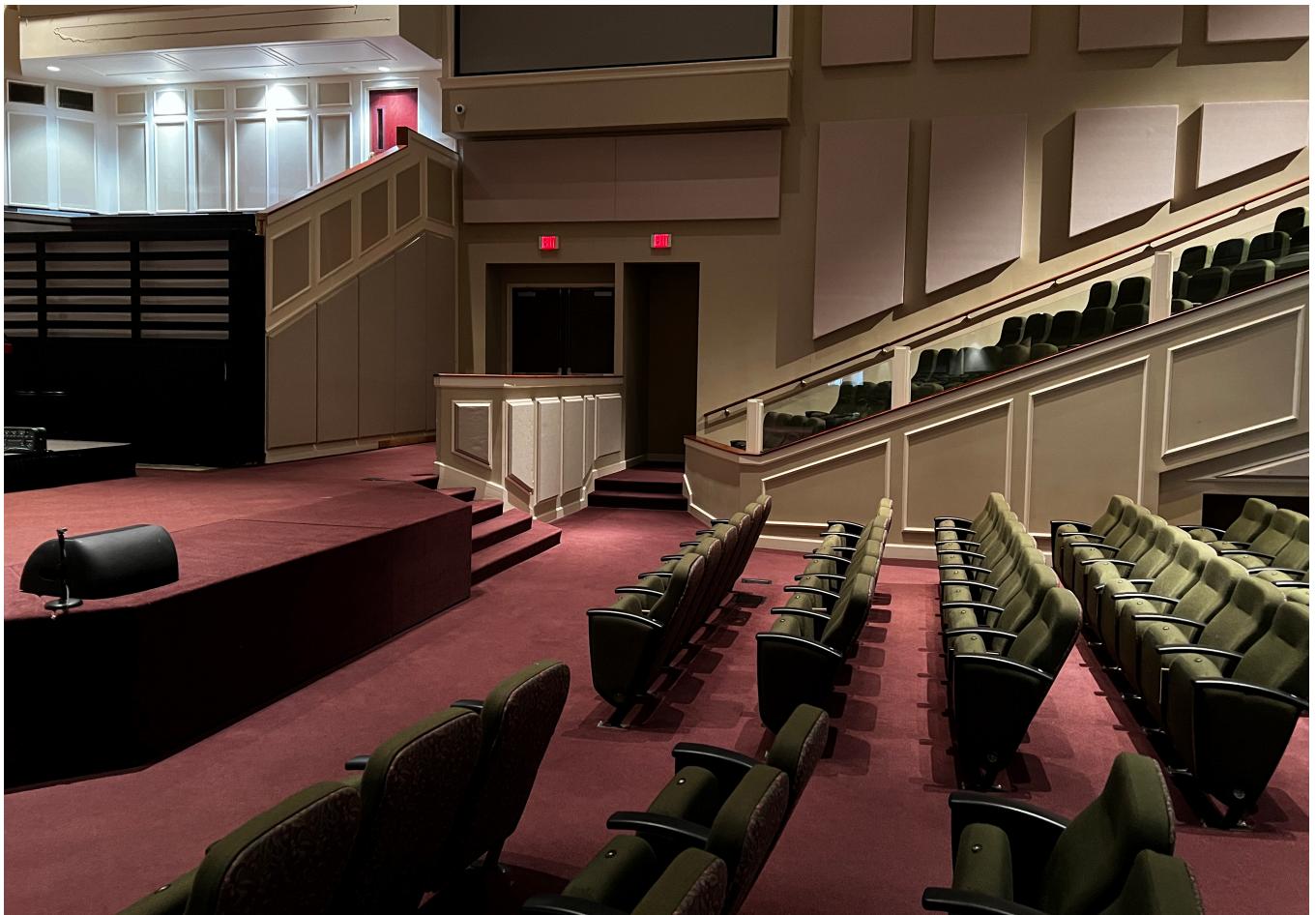
Tim Spencer  
Executive Pastor  
First West  
318-322-2088 (Executive Office)  
901-619-2516 (cell)  
[www.about.me/TimLSpencer](http://www.about.me/TimLSpencer)

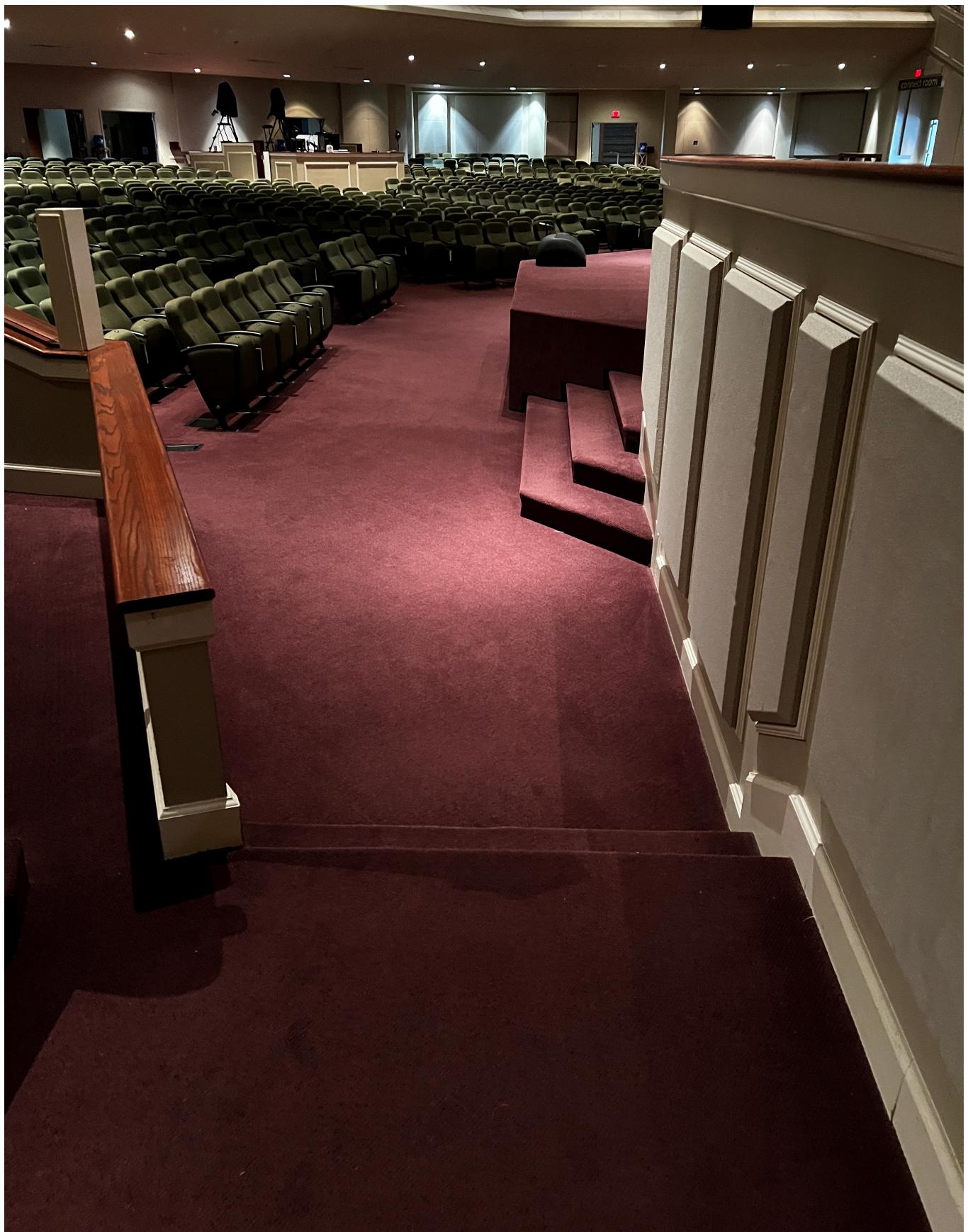
500 Pine Street  
West Monroe, LA 71291  
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[www.firstwest.cc](http://www.firstwest.cc)











## **Waiver of Liability**

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### **Minor Participation Authorization and Consent to Emergency Medical Treatment**



I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following First West activity: \_\_\_\_\_ (hereafter "the activity") on or about \_\_\_\_\_, 20\_\_\_\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release First Baptist Church of West Monroe, Inc. (First West), as well as their trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless these organizations, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent or Legal Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Special Medical Conditions/Allergies: \_\_\_\_\_

Current Medications Being Taken: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE PAGE 2**

## **Waiver of Liability**

Page 2 of 2

### **Minor Participation Authorization and Consent to Emergency Medical Treatment**



Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses which would have an effect on the child's participation in this Activity?    Yes     No

If Yes, Describe Condition or Illness: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Person authorized to act on your behalf in an emergency:

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

Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### **Communication & Photo Release**

I understand that photos and videos of my minor child will be taken while at First West events and may be used in any First Baptist Church of West Monroe publication or promotional piece. I also understand that publication of these photographs may be accomplished electronically via the internet/world wide web and that after publication, the church will be unable to prevent other persons or entities from gaining access to the internet/world wide web, copying photographs and/or videos, and subsequently using, altering, or republishing them without my consent.

I waive my claim for damages against the church from unconsented use, alteration, or republication of photographs and/or videos of my child by third parties accessing the internet/world wide web.

Registering for a First West event opts you in for email and phone text messages from First Baptist Church of West Monroe.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Witnesses must be OVER 18 years of age and must attest to the validity of the adult/guardian signature on this release.**

**Two witnesses and dates of signature are REQUIRED for this form.**

## Waiver of Liability

Page 1 of 2

### Event Participation Authorization and Consent to Emergency Medical Treatment



I, the undersigned, certify that my name is \_\_\_\_\_.

I hereby consent to participate in the following First West activity:  
\_\_\_\_\_ (hereafter "the activity") on or  
about \_\_\_\_\_, 20\_\_\_\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to myself in connection with participation in this activity.

To the fullest extent permitted by law, I release First Baptist Church of West Monroe, Inc. (First West), as well as their trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur while participating in the activity and agree to save and hold harmless these organizations, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my participation in the activity.

Further, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for myself if incapacitated. I understand that efforts will be made to consult with me prior to treatment but, in the event I cannot respond during an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat me. I understand that I am responsible for my health care decisions and agree that my insurance plan is the primary plan to pay for my medical, dental, or hospital care or treatment that is given. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

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

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Special Medical Conditions/Allergies: \_\_\_\_\_

Current Medications Being Taken: \_\_\_\_\_

Do you have any medical or health problems, and have you been diagnosed with any chronic or recurring illness or illnesses which would have an effect on your participation in this Activity?

Yes  No

**PLEASE TURN OVER AND COMPLETE PAGE 2**

## **Waiver of Liability**

Page 2 of 2

### **Event Participation Authorization and Consent to Emergency Medical Treatment**



If Yes, Describe Condition or Illness: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Person authorized to act on your behalf in an emergency:

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

Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### **Communication & Photo Release**

I understand that photos and videos of my likeness will be taken while at First West events and may be used in any First Baptist Church of West Monroe publication or promotional piece. I also understand that publication of these photographs may be accomplished electronically via the internet/world wide web and that after publication, the church will be unable to prevent other persons or entities from gaining access to the internet/world wide web, copying photographs and/or videos, and subsequently using, altering, or republishing them without my consent.

I waive my claim for damages against the church from unconsented use, alteration, or republication of photographs and/or videos of my likeness by third parties accessing the internet/world wide web.

Registering for a First West event opts you in for email and phone text messages from First Baptist Church of West Monroe.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Witnesses must be OVER 18 years of age and must attest to the validity of the adult signature on this release.**

**Two witnesses and dates of signature are REQUIRED for this form.**

## **INCIDENT REPORT:**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

## **INCIDENT DESCRIPTION**

Use additional paper if necessary to document. Include names and contact information for all parties involved. Attach copies of police reports, medical records, emails, and any other correspondence

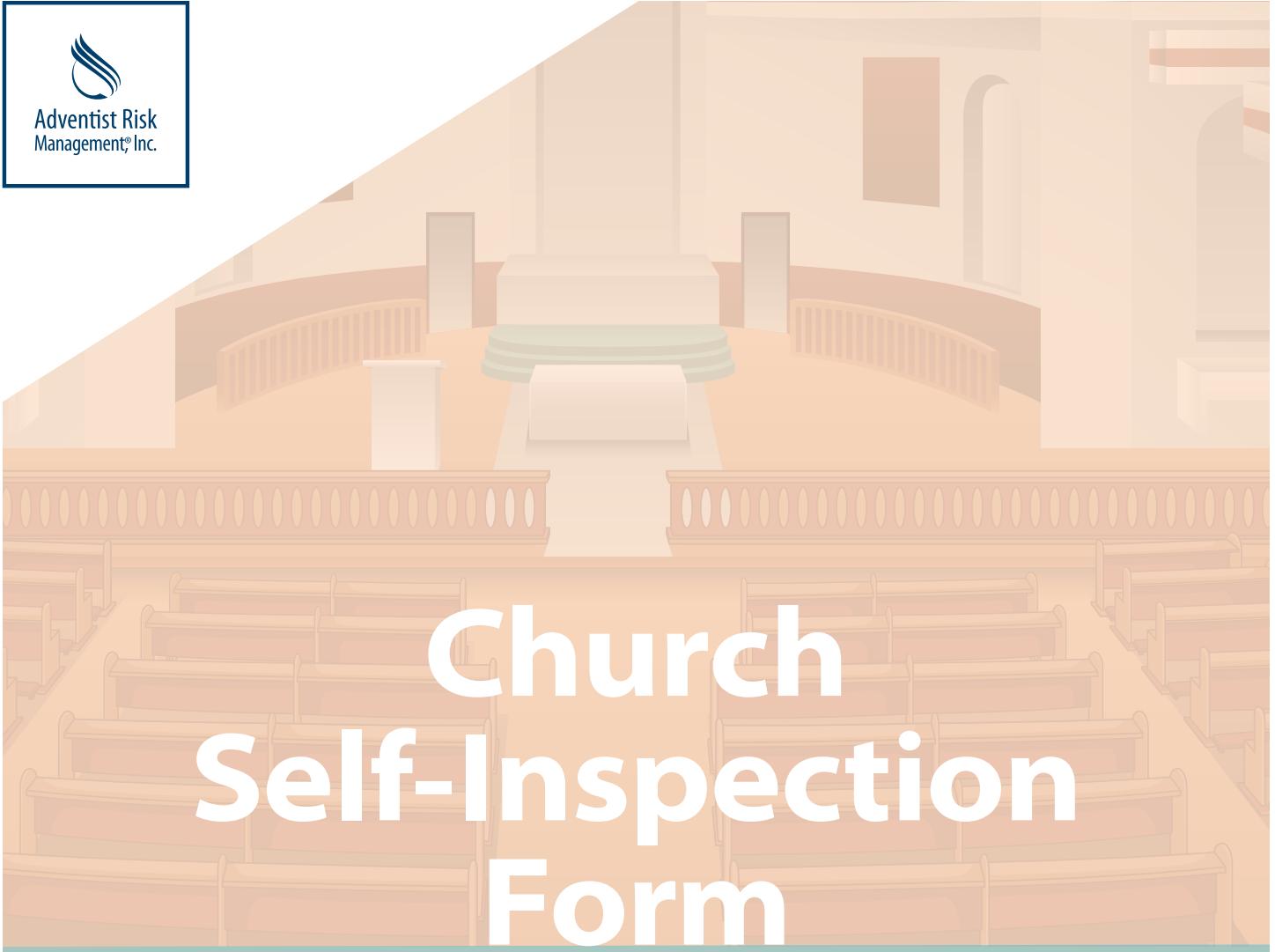
**What happened?** Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_



## Notes



Adventist Risk  
Management<sup>®</sup> Inc.



# Church Self-Inspection Form

Your checklist for  
monitoring safety and  
risk control in all areas  
of your church facility

*For more school safety resources, visit*  
[adventistrisk.org](http://adventistrisk.org)



# CHURCH SELF-INSPECTION FORM

Questions about safety or risk control?

Contact our specialists at [customercare@adventistrisk.org](mailto:customercare@adventistrisk.org)

CHURCH:

DATE:

INSPECTOR:

TITLE:

**NOTE:** The following list of inspection topics provides a form for identifying the "basic" items identified in the Church Safety and Self-Inspection Guide. This is by no means a complete list of risk control exposures for a church. A "NO" response in the following topics may indicate a need for additional safety/risk management measures.

## ▷ ADMINISTRATIVE

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Does the church have a Safety Officer	YES	NO	N/A	
2. Child-abuse prevention program is in place	YES	NO	N/A	
3. Six-month rule utilized for new volunteers	YES	NO	N/A	
4. Criminal background check performed on employees and volunteers	YES	NO	N/A	
5. Is there a Church Safety committee	YES	NO	N/A	
6. Written safety rules	YES	NO	N/A	
7. Employee and Volunteer health and safety training program	YES	NO	N/A	
8. Preventive maintenance program for church premises	YES	NO	N/A	
9. Prompt repairs of leaks and deterioration	YES	NO	N/A	
10. Written church emergency plan	YES	NO	N/A	
11. Staff, SS teachers, elders, deacons and volunteers know roles in emergency	YES	NO	N/A	



## ▷ CHURCH PROTECTION

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Sprinkler systems (if installed) inspected annually	YES	NO	N/A	
2. Multipurpose fire extinguisher within 75 feet throughout the building	YES	NO	N/A	
3. Fire extinguishers visually checked monthly for tampering	YES	NO	N/A	
4. Smoke/heat detectors - serviced twice a year	YES	NO	N/A	
5. Do you have the Fire alarm systems in place?	YES	NO	N/A	
6. Fire alarm systems tested and serviced annually	YES	NO	N/A	
7. Hard-wired carbon monoxide detectors where fossil fuel systems are used	YES	NO	N/A	
8. Do you have lightning protection in place?	YES	NO	N/A	
9. Do you have security system in place?	YES	NO	N/A	
10. Fire and security system monitored by central station	YES	NO	N/A	
11. Dusk-to-dawn perimeter lighting	YES	NO	N/A	
12. Trees/shrubs trimmed regularly (crime prevention)	YES	NO	N/A	
13. Lawnmowers, equipment fuel, and other flammables stored in separate storage shed	YES	NO	N/A	
14. Key/access card inventories maintained	YES	NO	N/A	
15. Keys marked "Do Not Copy"	YES	NO	N/A	
16. Written list with photographic inventory of building contents and valuables	YES	NO	N/A	



## ▷ THE CHURCH GROUNDS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Parking lot free of potholes, cracks, debris	YES	NO	N/A	
2. Sidewalks in good condition	YES	NO	N/A	
3. Snow and ice removed before services	YES	NO	N/A	
4. Downspouts do not flow water across walkways	YES	NO	N/A	
5. All steps have handrails	YES	NO	N/A	
6. Spaces in railings/balusters less than 4"	YES	NO	N/A	
7. Step railings firmly secured	YES	NO	N/A	
8. Accessible ramps available for handicapped	YES	NO	N/A	
9. Open sides of steps/platforms protected with railings	YES	NO	N/A	
10. Ramps have guide and upper rails	YES	NO	N/A	
11. Parking lots and sidewalks well lit	YES	NO	N/A	
12. Fences/gates in good condition	YES	NO	N/A	
13. Driveway chain barriers have reflectors	YES	NO	N/A	



## ▷ ENTER WITHOUT RISK (FALL PREVENTION)

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Non-slip rugs and mats with tapered edges inside entrances	YES	NO	N/A	
2. No torn or wrinkled carpets, loose or damaged tiles or flooring	YES	NO	N/A	
3. No cords or speaker wires across floors, aisles or doorways	YES	NO	N/A	
4. Wet floor signs used, spills mopped immediately	YES	NO	N/A	
5. Aisles, steps, exit passageways free of boxes, chairs, musical instruments, etc.	YES	NO	N/A	
6. Interior steps and elevation changes have handrails	YES	NO	N/A	
7. Handrails have minimum 1.5 inch clearance between rails and walls	YES	NO	N/A	
8. Handrails secure	YES	NO	N/A	



## ▷ SAFE IN THE SANCTUARY

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Aisles clear of cords, podiums, chairs, pianos, candles and other objects	YES	NO	N/A	
2. Exit route maps displayed throughout building	YES	NO	N/A	
3. All exit doors unlocked during occupancy	YES	NO	N/A	
4. Exit doors have panic hardware (not chains and locks, deadbolts, etc.)	YES	NO	N/A	
5. Exit doors: good condition and function properly	YES	NO	N/A	
6. Exit doors swing in direction of exit travel	YES	NO	N/A	
7. Rooms with 50 or more occupants or over 1000 sq ft have two exit doors	YES	NO	N/A	
8. Exit doors serving 100 or more have panic hardware (50 or more in some jurisdictions)	YES	NO	N/A	
9. Room occupancy posted for "Assembly" areas	YES	NO	N/A	
10. Lighted Exit signs throughout	YES	NO	N/A	
11. Emergency lighting installed and operative	YES	NO	N/A	
12. Pews/seating secured and in good repair	YES	NO	N/A	
13. Doors, passageways and stairs that might be mistaken for exits labeled "NO EXIT"	YES	NO	N/A	
14. Dead-end corridors do not exceed 20 feet	YES	NO	N/A	
15. Lighting adequate throughout building	YES	NO	N/A	
16. Paper and combustible decorations do not exceed 20% of wall they are on area covered in classrooms	YES	NO	N/A	
17. Vision panels into classrooms and offices	YES	NO	N/A	
18. Glass doors/mirrors have designs or etched markings to prevent accidents	YES	NO	N/A	



## ▷ MOTHERS' ROOM / REST ROOM

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Electrical outlets within 6 feet of sinks have GFCI protection	YES	NO	N/A	
2. Mothers' room electrical outlets plugged with safety caps	YES	NO	N/A	
3. Infant change table pads secured and have lips	YES	NO	N/A	
4. Change table has safety straps	YES	NO	N/A	
5. Signage instructing parents to use safety straps and not leave child unattended	YES	NO	N/A	
6. Cribs in good condition and meet CPSC guidelines	YES	NO	N/A	
7. Spills wiped up immediately	YES	NO	N/A	
8. No hazardous chemicals accessible in room	YES	NO	N/A	



## ▷ BAPTISMAL TANKS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Microphones and electrical equipment not within reach of baptismal occupants	YES	NO	N/A	
2. Non-slip on steps and bottom of tank floor	YES	NO	N/A	
3. Handrails provided along baptismal steps	YES	NO	N/A	
4. Overflow drain installed	YES	NO	N/A	
5. Filling process monitored to prevent over filling	YES	NO	N/A	
6. Tank drained immediately after use	YES	NO	N/A	
7. Heater turned off/checked after baptism	YES	NO	N/A	



## ▷ MECHANICAL ROOMS / JANITOR CLOSETS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Self-closing fire rated doors	YES	NO	N/A	
2. Locked at all times	YES	NO	N/A	
3. Free of combustibles, flammables and general church storage	YES	NO	N/A	
4. Good housekeeping throughout facilities	YES	NO	N/A	
5. Main switches, shut-off valves and plumbing properly labeled	YES	NO	N/A	
6. General purpose ABC fire extinguisher in a room	YES	NO	N/A	
7. Smoke/heat detection tied to fire alarm system	YES	NO	N/A	
8. Free of poke throughs and other openings in walls and ceilings	YES	NO	N/A	
9. GFCI protection on outlets within 6 feet of sinks	YES	NO	N/A	
10. Three feet of clear space in front of electrical panels	YES	NO	N/A	
11. All electric/mechanical equipment and junction boxes covered	YES	NO	N/A	
12. Pinch/nip points on equipment guarded	YES	NO	N/A	
13. Chemicals properly labeled and stored	YES	NO	N/A	
14. Material Safety Data Sheets (MSDS) available in church office	YES	NO	N/A	
15. Personal protective equipment (PPE) available and worn, as required for task	YES	NO	N/A	



## ▷ KITCHENS / FELLOWSHIP HALLS

CHECKLIST	YES	NO	N/A	DESCRIPTION / RECOMMENDATION
1. Exits clear and adequately marked	YES	NO	N/A	
2. Room occupancy posted	YES	NO	N/A	
3. Exhaust filters, ducts and hood cleaned on a regular basis	YES	NO	N/A	
4. Heat detection provided	YES	NO	N/A	
5. Multi-purpose or Type "K" extinguisher in kitchen	YES	NO	N/A	
6. Hood and duct fire suppression system installed where usage dictates need	YES	NO	N/A	
7. Stoves with fire suppression serviced semi-annually	YES	NO	N/A	
8. Kitchens free of grease accumulations	YES	NO	N/A	
9. Refrigeration coils, motors and compressors clean	YES	NO	N/A	
10. Foods in refrigerators and freezers covered and labelled	YES	NO	N/A	
11. Safety latches on walk in freezers and coolers	YES	NO	N/A	
12. Floors clean and free of spills	YES	NO	N/A	
13. Mops and "caution" signage available	YES	NO	N/A	
14. Tables and chairs in good condition	YES	NO	N/A	
15. Tables and chairs in racks and not stacked against walls	YES	NO	N/A	
16. Adequate aisles maintained between tables and chairs for safe egress	YES	NO	N/A	

**▷ ADDITIONAL FINDINGS**

DESCRIPTION	RECOMMENDATION
-------------	----------------

**▷ SELF-INSPECTION COMPLETED BY:**  
(All participants to sign)

DATE (MM/DD/YYYY);

DATE (MM/DD/YYYY);

DATE (MM/DD/YYYY);

**▷ REVIEWED BY:**

TITLE:

DATE (MM/DD/YYYY);



## Notes