

RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT

Activity: _____

—

_____ and all related activities.

I, _____, hereby affirm and agree that I am the parent or legal guardian of _____, a minor (“Minor”); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release.

I agree, individually and on behalf of Minor, to release and to hold harmless Grace Fellowship, Inc., its agents, officers, directors, and employees (collectively referred to as “the Church”) from liability of any kind, including Church’s negligence, for Minor’s injury, death, or damage to or loss of Minor’s personal property, resulting directly or indirectly from his/her participation in the Activity. I personally assume all risks and liabilities in connection with Minor’s participation in the Activity and agree to indemnify the Church from any liability assessed against the Church as a direct or indirect result of Minor’s participation in the Activity. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen.

In the event that Minor is injured during the Activity, and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church, until I am able to provide consent or until someone legally able to speak on Minor’s behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold the Church harmless from any liability which may be assessed against the Church as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

Parent states that minor has no particular reaction to food, medication, or environment unless disclosed on the back of this release.

Parent states that minor is in good health and can be allowed to participate in all of the normal functions associated with the above activity.

Father (or Legal guardian)

Date

Mother (or Legal guardian)

Date

Witness

Date

REACTION TO FOOD, MEDICATION OR ENVIRONMENT DISCLOSURE

Privacy Notice: Any information disclosed below will be used only by the Church for medical treatment purposes. We will only release this information for non-medical treatment purposes with your expressed written consent.

FOOD:

Conditions or reactions pertaining to FOOD: _____

Symptoms that identify above condition or reaction: _____

Recommended action for above condition or reaction: _____

MEDICATION:

Conditions or reactions pertaining to MEDICATION: _____

Symptoms that identify above condition or reaction: _____

Recommended action for above condition or reaction: _____

ENVIRONMENT:

Conditions or reactions pertaining to FOOD: _____

Symptoms that identify above condition or reaction: _____

Recommended action for above condition or reaction: _____

Father (or Legal guardian)

Date

Mother (or Legal guardian)

Date