

## STUDENT MINISTRIES – RELEASE AND HOLD HARMLESS AGREEMENT

All Student Ministry (Grades 1-12) events, activities, retreats, and mission trips for one year from **September 1, 2020 through August 31, 2021**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name (include parent information here):

1. \_\_\_\_\_ Phone#: \_\_\_\_\_

2. \_\_\_\_\_ Phone#: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK AND RELEASE

I, \_\_\_\_\_, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the activity listed above including the risk of serious bodily injury or death. I believe and represent that I am (or the participant named above, if minor is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, Worship Center, and its employees, agents, volunteers and/or officers from any liability arising from participation in the activity listed above. It is further acknowledged that any Worship Center activity may involve transportation in a personal vehicle, a van or a bus.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

Participant or Parent/Guardian Initials \_\_\_\_\_

### GRANT OF PERMISSION

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to Worship Center, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Worship Center, its employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by Worship Center and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

Participant or Parent/Guardian Initials \_\_\_\_\_

### IMAGE/INTERVIEW RELEASE

In connection with participation in the above listed event/activity, I/we the undersigned, (if minor, parents/guardian) hereby grant to Worship Center, its successors and those acting under its authority the right to use participant's name, image and/or interviews in all forms of media including advertising and related promotion. I/we grant this right without compensation and release Worship Center, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

Participant or Parent/Guardian Initials \_\_\_\_\_

### HEALTH INSURANCE

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the activity listed above.

Participant or Parent/Guardian Initials \_\_\_\_\_ **OR...**

**Please see the reverse side**

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above does not have health insurance. I/we understand that we will personally assume all financial responsibility in the event of an injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless Worship Center as acknowledged above.

Participant or Parent/Guardian Initials \_\_\_\_\_

**PARENT AND STUDENT AGREEMENT**

We (parent/guardian and student) understand that inappropriate behavior towards another student, adult leader, private party, church property, vehicles, the property or persons of places we may visit during an event, will result in disciplinary action to be determined by the leadership of the Student Ministry. In the event of property damage, the student and parent agree to reimburse all damages caused by the student. Should it be necessary for my student to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

Participant Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

**MEDICAL INFORMATION**

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

**Prescription Medications:**

Name of Medication Condition

_____	_____
_____	_____
_____	_____
_____	_____

A note about medication: If your student is taking prescription medication with them on any Worship Center activity or retreat, we would like to know what medication they are on and what it is taken for. Any overnight retreat will also have a medical station at registration to help facilitate this process. Our staff will keep a record of that information for the duration of the activity which will be kept confidential. Our team will be there to ensure they are taking their medication properly and to assist them, if needed.

**INSURANCE INFORMATION**

Name of Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SIGNATURE**

If under the age of 18, the parent or guardian must read and initial each section above and sign below, indicating his/her acceptance. This agreement covers all Student Ministry Activities, Retreats, and Missions trips for one year from the date signed below.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_