

**Cottonwood Heights Christian Reformed Church
Youth Ministries-Aftershock & Impact**

Release & Indemnity Agreement

I, and if I am a minor, my parent(s), for and on behalf of myself and my children, heirs, executors, administrators and representatives, **agree to release, indemnify and defend CHCRC** with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable attorneys fees) made or brought by anyone, including a co-participant, third party, my child, or any members of my or my child's family arising out of any injury, damage, death, of other loss in any way connected with me or my child's participation in CHCRC activities. **This agreement includes any losses claimed to be caused, in whole or in part, by the negligence of CHCRC. I understand I agree here to waive all claims against CHCRC, and agree that neither I, nor anyone acting on my behalf, will make a claim of file a lawsuit of any kind against CHCRC, as a result of any injury, damage, death or other loss suffered by me or my child.**

I authorize CHCRC personnel to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorize CHCRC staff or other medical personnel to render such treatment they deem necessary for my/my child's health. I agree that CHCRC has no responsibility for medical care provided to me/my child, and I agree to pay all costs associated with such care or evacuation whether or not authorized by me.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions of the Document, and those remaining provisions shall continue in full force and effect.

I have carefully read, understand, and voluntarily sign this Document and acknowledge that it shall be effective and binding upon myself, my family, heirs, executors, representatives and estate. This agreement is no bound by any time limitation. It covers any future involvement with CHCRC.

Student Signature	Date	Print name here
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Parent(s) or Guardian(s) must sign below for any participating minor (those under 18 years of age) and agree that they are subject to all the terms of this Document, as set forth above. If I have a participating minor, I understand that my signature here includes my agreement per the terms of this Document to release any claims I may have against CHCRC, as a result of any injury, damage, death, or other loss suffered by my child, and to defend and indemnify CHCRC should my child, someone on the child's behalf, or a co-participant or third party, bring a claim against CHCRC, in any way connected with my child's participation in CHCRC activities or use of CHCRC equipment or facilities. I also give consent to my child's participation in all CHCRC Activities including trips that would take them out of state or out of the country.

As parent(s) or legal guardians of the above youth, we hereby authorize any medical and/or surgical care, including diagnosis and treatment to be rendered to him/her by any licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader of Cottonwood Heights Christian Reformed Church. We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance and agree to make full payment for same upon receipt of statement of fees.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Cottonwood Heights Christian Reformed Church.

Parent or Guardian Signature	Date	Print name here
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[OVER]

Emergency Care

Participant Name: _____

Address: _____

Telephone: _____ Alternate Phone: _____

Date of Birth: _____

Parent or Guardian's Name: _____

Family Doctor: _____ Phone: _____

Hospitalization:
Insurance Company: _____

Group #: _____ Policy Number: _____

Policy Holder: _____

Account or Policy #: _____

Do(es) you/your child have any allergies or medical conditions: Yes____ No____
If yes, please explain:

Do(es) you/your child take any medications: Yes____ No____
Please list.

When was your/your child's most recent tetanus shot? _____

Please list any other information you feel may be helpful in seeking medical treatment for your child