Event Specific Participation Agreement

Medical Release, Hold Harmless, Media Release, & Event Permission

Events: _____

Events Location(s): _____

Coordinator: _____

Valid only for:

PLEASE PRINT! PLEASE PRINT! PLEASE PRINT! PLEASE PRINT! PLEASE PRINT!

Minor's Last Name_____ Minor's First Name / Nickname _____

Minor's Birthdate_____ Minor's Home Phone # _____ Gender M / F

Minor's Address _____ City_____ State_____ Zip_____

Person(s) to contact in case of an emergency: (***complete all blanks)***

Parent(s) / Guardian(s) Mom: _____ Dad: _____

Complete Address _____

Phone _____ Cell _____

Health Insurance Provider _____ Policy # _____

Please list any special personal or **medical needs** or **allergies** of which we should be made aware: _____

_____

_____

_____

_____

Who is authorized to pick up and leave with this minor? List all who apply: _____

_____

_____

I, _____, agree to these statements and conditions for _____ ("my minor") as this agreement pertains to my minor's participation with The Church's activities/events for the entire Period of Consent. ***All copies, facsimiles, and reproductions of this document shall be as valid as the original.***

Section 1. HOLD HARMLESS

I hereby consent to participation, by my minor listed above, in the activities/events of Trinity Assembly of God. ("The Church"), 101 Bascom Ct, Columbus, GA 31909. I do hereby release The Church, its directors, employees, land owners, and agents from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by me or my minor while my minor is

continued on reverse

participating in the above-described activity including recreation, work activities, and transportation. I further hereby agree to hold harmless and indemnify The Church, its directors, employees, land owners, and agents for any liability sustained by said acts of my minor, including expenses incurred attendant thereto.

Section 2. EMERGENCY MEDICAL TREATMENT PERMISSION

I understand that on rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment can develop. I understand that the designated supervisor of The Church events/activities will attempt to contact me prior to exercising this emergency treatment consent. I understand that this emergency treatment consent is important to prevent delays if an emergency does occur and The Church is unable to contact me. In the event of injury or illness to my minor, I hereby authorize a designated activity supervisor of The Church to give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release and hold harmless The Church, its directors, employees, land owners, and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of my minor.

Section 3. MEDIA RELEASE

I understand that The Church collects, records, publishes, posts, transmits, and displays audio/visual "media" (images, recordings, videos, and other media) to further its ministry purposes. With this understanding, I give permission for media of my minor above to be collected, recorded, published, posted, and displayed to further the ministry purposes of The Church. I hereby voluntarily release and hold harmless The Church, its directors, employees, land owners, and agents acting officially or otherwise, from all manner of suits, actions, claims, demands, and liabilities which may arise from my minor's media participation. This release applies to all media displayed publicly, on the church web site, via emails, or in any way made available for viewing or listening by The Church or general public. I understand that all media remains the property of The Church, and waive all rights to original media, copies of media, royalties, entitlements, payments, or any other compensation or quid pro quo benefits which might arise from The Church's acquisition, storage, display, publication, posting, or distribution of media of my minor. I understand that this document constitutes a full and complete waiver of all possible claims of any nature whatsoever, including claims of negligence, personal injury or property loss, or damage, arising out of my minor's media participation.

Section 4. EVENT PERMISSION

I hereby consent to participation, by my minor listed above, in the activities/events of Trinity Assembly of God. ("The Church"), 101 Bascom Ct. Columbus, GA 31907. I understand that events may take place at the church or any other location listed on this form.

Signature: _____ Date: _____

(Parent or Legal Guardian, please sign here) (Date of signature)

Parent / Guardian Comments _____

_____

_____

_____

_____