

ACTIVITY RELEASE FORM

FOR THOSE 18 YEARS OF AGE OR OLDER, ALL PARENTS, AND GUARDIANS:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Harrisonburg Church of the Nazarene (collectively, "Church").

In case of medical need or injury, I authorize the Church to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, or in my capacities as parent, guardian, or next friend of my children, (PLEASE PRINT)

_____, waive, release, and indemnify the Church and all of its agents, directors, officers employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Church activity or trip and that involve any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct or gross negligence.

I understand that the Church may take photographs of me and my family in the course of its activities, and I grant the Church permission to publish such photographs in a manner the Church deems appropriate.

This **ACTIVITY RELEASE FORM** is in effect for events or activities that I, or any of my children, may participate in. This form is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the Church.

_____ Date _____ Adult Signature _____ Date _____ Adult Signature

Print Name of Children:

Home Phone: _____ Work: _____ Mobile: _____

Family Physician/Emergency Contact and Phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Special considerations or needs (allergies, asthmas, etc.): _____

Parents: Please list any additional medical information you believe the hosting ministry would require to properly care for your child on the back of this form.

FOR ALL THOSE OVER 11 AND UNDER 18 YEARS OF AGE:

I waive, release, and indemnify the Released Parties as identified above from all demands, claims or liability that have risen or may arise from any Church activity or trip and that involve any damage, loss or injury to me, my property, or my children's property.

_____ Date _____ Minor's Signature _____ Date _____ Minor's Signature

_____ Date _____ Minor's Signature _____ Date _____ Minor's Signature