



RELEASE & WAIVER AGREEMENT

IT IS THE INTENTION OF (PARENT OR GUARDIAN OF MINOR) BY THIS AGREEMENT TO EXEMPT AND RELIEVE PARKVIEW BAPTIST CHURCH AND ITS AFFILIATES, VOLUNTEERS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF _____ (name of minor) CAUSED BY ANY ACT OF NEGLIGENCE OF PARKVIEW BAPTIST CHURCH AND ITS AFFILIATES, VOLUNTEERS OR EMPLOYEES.

For and in consideration of permitting minor to observe, or use any facility or equipment of PARKVIEW BAPTIST CHURCH or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** at or sponsored by Parkview Baptist Church/Parkview Sequoyah Creek, beginning on the day of, the undersigned parent and/or guardian of minor: **hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to minor as a result of minor's observing or using facilities or equipment of Parkview, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.**

The undersigned parent or guardian of minor for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Parkview Baptist Church or its affiliates, officers, agents, servants, or employees, the undersigned parent or guardian **will indemnify and hold harmless Parkview Baptist Church/Parkview Sequoyah Creek and its volunteers or employees** from any and all claims or causes of action by minor by any other person or entity, by whomever or wherever made or presented, and **under no circumstances will the undersigned parent or guardian of minor present any claim against Parkview Baptist Church and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Parkview Baptist Church and said persons.**

The undersigned parent or guardian represent that he/she has read this Release and assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

DATED: _____ (this waiver shall remain in effect for one year)

PRINTED NAME OF MINOR:

SIGNATURE OF PARENT OR GUARDIAN OF MINOR:

MEDICAL RELEASE & INSURANCE INFORMATION

I, the undersigned parent of guardian of _____, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I will not hold any person affiliated with this event and/or affiliated with Parkview liable for any and all results of said medical treatment and the effects of said medical treatment.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Personal Insurance Information

Primary insurance policy holder: _____

Date of Birth of primary insurance policy holder: _____

Address of insurance policy holder: _____

City: _____ State: _____ Zip: _____

Cell: _____

Insurance Company Name: _____

Group Number: _____

Policy and/or ID Number: _____

Number to call for insurance assistance: _____

Please list any known allergies and/or medications that your student is

currently using: _____