

WOODS MEMORIAL PRESBYTERIAN CHURCH
YOUTH AND THEIR FAMILIES MINISTRY
PARENT'S/GUARDIAN'S/ADULT'S RELEASE OF LIABILITY AND INDEMNIFICATION
Program Year September 9, 2018 – August 31, 2019

In consideration of Woods Memorial Presbyterian Church ("Woods") permitting _____
(Last Name, First Name)

I hereby voluntarily release and forever discharge Woods, its officers, employees, and agents from any and all liability or claims for any property damage, injury, illness, or death my child may sustain arising out of or in any way connected with his or her participation in any/and all activities/events/trips, to the extent not covered by applicable insurance. This release encompasses all aspects of any/and all activities/events/trips, including preliminary and subsequent matters such as, but not limited to, training for any/and all activities/events/trips, travel to and from any/and all activities/events/trips location, group recreational activities, meal preparation and cleanup, group learning activities, and living together as a group. To minimize such risks, I have instructed my child to obey all rules, regulations, and instructions issued by the adult leaders during any/and all activities/events/trips.

I also agree to hold harmless and indemnify Woods, its officers, employees and agents for any and all liability or claims sustained as the result of my child's negligence or willful or intentional acts, including any associated expenses incurred.

In the event it should be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I agree to assume all transportation costs.

BY SIGNING THIS DOCUMENT I FULLY RECOGNIZE THAT IF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH OCCURS TO MY CHILD WHILE ENGAGED IN ANY/AND ALL ACTIVITIES/EVENTS/TRIPS, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST WOODS, ITS OFFICERS, EMPLOYEES, OR AGENTS, TO THE EXTENT NOT COVERED BY APPLICABLE INSURANCE.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND INDEMNIFICATION FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM SIGNING THE FORM OF MY OWN FREE WILL. I FURTHER UNDERSTAND THAT IF, AFTER READING THIS RELEASE AND INDEMNIFICATION FORM, I CHOOSE NOT TO ALLOW MY CHILD TO PARTICIPATE IN ANY/AND ALL ACTIVITIES/EVENTS/TRIPS, A FULL REFUND OF ANY MONEY ALREADY PAID WILL BE MADE.

Parent /Guardian/Adult Signature	Printed Name	Date
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Parent Emergency Contact Email & Number 1: _____

Parent Emergency Contact Email & Number 2: _____

Media Release

I hereby grant do NOT grant Woods Memorial Presbyterian Church the right to obtain and/or use

my child's photograph, digitized image, video and/or voice recording

my photograph, digitized image, video and/or voice recording

for purposes associated with any Woods Memorial Presbyterian Church activity/event/trip.

I understand that such media and all subsequent uses of that media, including publications, presentations, web sites, videos and multimedia productions, become the property of Woods Church and may be disseminated to the public via appropriate media channels.

I understand that a photograph of my child appearing on web pages affiliated with Woods Memorial Presbyterian Church **willnot** identify my child by name.

Parent /Guardian/Adult Signature	Printed Name	Date
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