

**RELEASE AND INDEMNITY AGREEMENT
AND
SPECIAL POWER OF ATTORNEY**

STATE OF TEXAS

COUNTY OF DALLAS

I, the undersigned, am the parent or legal guardian of _____ (Minor), and do hereby release Wilshire Baptist Church of Dallas, Texas, Laurie Taylor, Julie Girards, Joan Hammons, Sarah Stafford, and all adult sponsors (collectively, Indemnitees) from any liability whatsoever for any injury, damage, accident, or death sustained by Minor during any preschool or children's activities of Wilshire Baptist Church during the fiscal year 2008-2009, including, but not limited to, field trips, all on-campus activities, Vacation Bible School, missions organizations, choirs, Preteen Camp, Children's Music Camp, and child care (collectively, Preschool and Children's Activities).

I, the undersigned, further agree to hold Indemnities harmless and to indemnify Indemnities from any liability whatsoever resulting from any decision which they, in their discretion, shall make, or any injury, damage, accident, or death which might occur to Minor in connection with Preschool or Children's Activities.

This Agreement is given in consideration for the supervision and discipline to be provided on my behalf by Indemnitees plus other good and valuable consideration, the receipt and sufficiency of which is acknowledged.

Further, I hereby make, constitute and appoint Laurie Taylor, Julie Girards, Joan Hammons, Sarah Stafford, or any adult sponsor as my true and lawful attorneys for me, and in my name, place and stead, giving to them the specific authority to seek, authorize and approve medical treatment and health care for Minor. This appointment expressly includes the authority to sign releases to physicians who may render medical care and services. This Agreement gives and grants to said attorneys full power and authority to do and perform every act necessary and proper to be done in the exercise of the power granted herein as fully as I might or could do if personally present, with full power of substitution and revocation. I hereby ratify and confirm all that the attorneys lawfully do or cause to be done by virtue hereof. The power of attorney granted in this Agreement will be effective from May 1, 2008 through, and including, May 31, 2009. I retain the power and right to revoke the power of attorney granted in this Agreement at any time by written document.

I agree to assume liability for payment for all medical and health care services provided to Minor in connection with Preschool and Children's Activities, and to reimburse the Wilshire Baptist Church for any expense that may be incurred for medical and health care services provided Minor in connection with Preschool and Children's Activities. I represent that the hospitalization insurance information set forth below is true and correct as of the date of this Agreement.

If Minor's behavior is such that it endangers the welfare of others, the Wilshire Baptist Church or Indemnitees are authorized to send Minor home or to exercise such discipline as they deem appropriate. If Minor is sent home, I agree to pay the transportation costs for the trip home.

This Agreement shall be construed according to and governed by the laws of the State of Texas. All of the sentences, phrases and provisions of this agreement are distinct and severable, and if any clause, phrase or sentence shall be deemed illegal, void or unenforceable, it shall not affect the validity, legality or enforceability of any other clause, phrase or sentence, and the remainder of this Agreement will be interpreted in a manner to fulfill the original intent of this Agreement. Any reference to Preschool and Children's Activities contained herein includes not only travel time but also all activities, functions, or periods of time for any duration between travel plus all periods of time when Minor is under the custody, control or direction of Indemnitees.

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND IT IS A LEGALLY BINDING DOCUMENT. This Agreement was signed in _____, Texas, on _____, 20_____.

PARENT OR GUARDIAN

HOSPITALIZATION INSURANCE INFORMATION:	
Name of insurance company _____	
Group or Contract/Policy Number _____	
Employer _____	

HOME PHONE _____

BUSINESS PHONE _____

CELL PHONE _____

HOME ADDRESS _____

STATE OF TEXAS
COUNTY OF DALLAS,

Before me, a Notary Public, on this date personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. 20_____.

NOTARY PUBLIC, STATE OF TEXAS