

Alliance Christian Academy

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR

I, _____, am the parent or legal guardian of _____ (the minor), who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated or sponsored by Chestnut Hill Baptist Church.

I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the minor's participation in the Activities and fully understand and assume such risks on his or her behalf.

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTIONS, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of the Church's representatives while participating in the Activities.

This agreement is binding on the minor's heirs, successors, and personal representatives.

Dated: _____ Signed: _____
Parent/Legal Guardian – on behalf of minor

Dated: _____ Signed: _____
Parent/Legal Guardian – on behalf of self

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort, I hereby appoint ACA as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

Specific medical allergies, chronic illness or other conditions: _____

Dated: _____ Signed: _____

PLEASE MAKE COPIES OF THIS FORM AND KEEP FOR YOUR RECORDS