

**CHAPEL HILL PRESBYTERIAN CHURCH**  
**ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT**  
**Student Ministry Program Year Activities June 1, 2019-June 30, 2020**

*Description of activities (the "Activities"):* Swimming, tubing, boating, hiking, camping, bike riding, rock climbing, archery, canoeing, kayaking, ice skating, bowling, and various other indoor and outdoor sports.

**Personal Information:**

Name of Participant _____			
Date of Birth _____	Name of Parent /Legal Guardian _____		
Address _____	City _____	State _____	Zip _____
Student Phone _____	Parent Phone _____		
Student Email _____	Parent Email _____		
Emergency Contact Name _____	Phone Number _____		

**Medical Information:**

Relevant medical conditions, allergies, dietary needs, etc.	
_____	
_____	
Primary care doctor _____	Phone Number _____
Insurance Co _____	Group Name/Number _____
Member Name _____	Member ID Number _____
Insurance Phone Number _____	

In consideration of Chapel Hill Presbyterian Church (the "Church") allowing my son or daughter (the "Participant") to participate in the Activities that are sponsored, hosted by, or otherwise related to the Church, I agree as follows:

1. Authority. I am the parent or legal guardian of the Participant and have authority to enter into this Agreement. I represent that: a) I have authority to enter into this Agreement on behalf of anyone else who has legal rights regarding the Participant; or b) everyone else with legal rights regarding the Participant has signed this release.

2. Voluntary participation. I agree that the Participant's involvement in the Activities is voluntary.

3. Publicity Release. I grant Church permission to record, use, reproduce, and publicly display pictures, video, or audio of the Participant's involvement in the Activities.

4. Risk of serious injury or death. I understand that the Activities involve risks that may result in serious injury or death to the Participant. These risks include, but are not limited to, exposure to diseases, wild animals, strenuous physical exertion, drowning, falls or other accidents, and lack of available medical care. I voluntarily assume all such risks.

5. No Duty to Act on Conditions Specific to Participant. I understand and agree that the Church is not qualified to provide medical evaluation or treatment and that the number of participants limits the ability of the Church to provide special care or attention to an individual Participant. Therefore, I understand and agree that the Church has no duty to utilize the information above regarding medical conditions or other limitations faced by the Participant.

6. Authorization to Engage Medical Treatment. I grant permission for the Church to authorize medical treatment for the Participant, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in the Church's sole and absolute judgment, the Participant becomes ill, sustains an injury, or otherwise requires medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform such medical treatment as such person determines necessary for the relief of pain or to preserve the Participant's life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on behalf of the Participant and will fully and immediately reimburse the Church for any of these expenses that the Church, in its sole and absolute discretion, chooses to advance.

7. Coverage of Medical Expenses. I understand that the Church provides a \$15,000 no-fault accident policy that provides secondary coverage for medical expenses arising out of an accident during the Activities (with the Participant's medical insurance being the primary coverage). I further understand that other than the \$15,000 coverage described above, the Church does not provide insurance coverage for any death, injuries, or medical expenses sustained by the Participant. Therefore I agree that the Participant has the necessary and appropriate medical, disability, and life insurance coverage to protect the Participant and his or her survivors in the event of injury or death to the Participant.

8. Release of Claims. **I release and agree to indemnify the Church (and any co-sponsors, hosts, or related organizations), their officers, directors, employees, agents, and volunteers (collectively, "Released Parties"), from all claims and liabilities of any kind, known or unknown, including, but not limited to, claims based on the negligence of Released Parties (either individually or collectively), related to or arising, directly or indirectly, from my child's (the Participant's) participation in the Activities, including travel to and from the Activities. This release is binding on me and my personal representative and heirs. I have carefully read this document and understand what it says.**

\_\_\_\_\_  
Parent / Guardian Signature

Date\_\_\_\_\_