



213 Colonial Heights Rd. - Kingsport, TN 37663 - (423) 239-9194

Consent and Liability Release Agreement

The undersigned parent or legal guardian of _____ ("Minor"), being 18 years of age of older, for and in consideration of the Minor being accepted by Colonial Heights Presbyterian Church for participation in trips, recreational activities, work activities, the receipt and sufficiency of which is hereby acknowledged, hereby agrees as follows:

1. The undersigned on behalf of the undersigned, the Minor and their heirs (the "Releasors"), forever releases, remises and discharges and agree to hold harmless Colonial Heights Presbyterian Church, its directors, officers, employees, agents and volunteers (the "Released Parties") from any and all actions, liability, claims, demands, injury, loss or damage whatsoever, notwithstanding any possible negligence (whether sole, concurrent or otherwise) on the part of the Released Parties, for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever arising out of or relating to the Minor's participation in said activities or arising out of or related to any Medical Treatments rendered pursuant hereto. Releasors agree to indemnify, defend and hold the Released Parties harmless from any and all actions, liability, penalties, claims, demands, expenses and judgments of any kind, including reasonable attorneys' free and all court costs, for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever arising out of or related to the Child's participation in said activities notwithstanding any possible negligence (whether sole, concurrent or otherwise) on the part of Released Parties. Releasors waive any right to a trial by jury in any action or proceeding shall be tried before a court and not before a jury in court located in the County of Sullivan, Tennessee. Releasors waive any objection based upon jurisdiction or convenience of forum of such court(s).

2. Authorization and permission is hereby given to the Released Parties to furnish any necessary transportation, food and lodging to the Minor in connection with said activities.

3. The undersigned authorizes and agrees to be financially responsible for any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and hospital service that may be rendered to the Minor under the general, specific or special consent of an authorized adult of said church, whether or not such diagnosis or treatment is rendered at the office of the licensed physician or dentist or hospital ("Medical Treatments"). The undersigned authorizes the physician or dentist to call in any necessary consultants, in his/their discretion. The undersigned further authorizes said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissue or member. **The authorization in this paragraph 3 shall remain effective until 12:00 p.m. on the 1st day of January 2018**, unless sooner terminated in writing delivered to said physician or dentist or to the said persons entrusted with the custody, care and control of the Minor

THIS IS A LEGALLY BINDING AGREEMENT

This must be signed in the presence of a Notary Public

Parent or Legal Guardian:

Signature: _____ Dated: _____

Print Name: _____

State of Tennessee

County of Sullivan

Subscribed and sworn before me this _____ day of _____, 20__

My Commission Expires _____

Notary Public

Notary Seal