

**HUDSON PRESBYTERIAN CHURCH
YOUTH MINISTRIES
2018 RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

IN CONSIDERATION of my child, _____ being permitted to participate in Hudson Presbyterian Church ("HPC") Youth Ministry activities, programs, trips, and/or events (collectively, "events") for the year of 2018:

1. I hereby give my express permission for my child to participate fully in the HPC Youth Ministry's events for the year of 2018.

2. I assume all risks of my child's participation, including any risk associated with any special medical needs or conditions of my child, all as set forth below*.

3. I, _____ (print name of Parent/Guardian), for myself, my child, my child's heirs, personal representatives, and assigns, hereby release, discharge and agree to hold harmless the Youth Ministry Leaders ("Leaders") and Hudson Presbyterian Church from any and all liability, loss, claims, demands and possible causes of action that may accrue from any loss, damage or injury to person or property in any way resulting from, or arising in connection with or related to, my child's participation in the above-mentioned events. I understand that this means that the Youth Ministry Leaders and HPC cannot be sued if any personal injury is suffered by my child during an event or if any property is damaged, lost, or stolen while my child is on this event, except to the extent that such injury to person and/or loss of or damage to property results from a grossly negligent, intentional or malicious action by the leaders or HPC.

4. Furthermore, I, on behalf of my child, as well as for myself, hereby indemnify the Youth Ministry Leaders and HPC against any and all liability, loss or damage for which the Youth Ministry Leaders and/or HPC may be found liable as a result of claims, demands or judgments against them, or any of them, arising from any act or failure to act on the part of my child during the course of any event. I understand that this means that if my child causes injury to another person or damages another person's property while on an event, and any Youth Ministry Leader or HPC has/have to pay an amount to that person, those indemnified hereunder can recover from me as Parent/Guardian the amount paid by them, together with all costs and expenses they incur relating thereto.

5. While the Youth Ministry Leaders will make every reasonable effort under the circumstances to contact me as Parent/Guardian if my child faces a medical emergency I, as Parent/Guardian, hereby authorize each of the adult Youth Ministry Leaders to secure medical treatment by medical professionals, at my expense, for any injury or illness suffered by my child, as may be necessary to stabilize my child and/or to minimize additional injury or effects of illness during whatever time on this event it takes to contact me as Parent/Guardian for further instructions.

6. I hereby give my full consent to Hudson Presbyterian Church to record my child's participation in any events associated with the ministries of HPC. Further, I hereby transfer and assign to HPC the exclusive right to use and to authorize others to use images, video, and audio recordings for promotional and educational use or resource sale in the future. I understand that my child's image may be used, but my name or personal information will never be shared publicly without additional, separate consent.

*NOTE: All special medical needs or conditions of my child are as follows:

_____.

I have made appropriate arrangements regarding such medical needs or conditions.

**I HEREBY DECLARE THAT I HAVE READ THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT,
AND ACCEPT THE SAME IN FULL ON BEHALF OF MYSELF, MY SPOUSE, MY CHILD, MY
CHILD'S HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.**

Executed as a sealed instrument as of this _____ day of _____, _____

Signature of Parent/Guardian _____

EMERGENCY CONTACTS AND MEDICAL INFORMATION

Child: _____

Date of Birth: _____

Address:

Parent/Guardian: _____

Parent/Guardian Home Telephone #: _____

Parent/Guardian Cell Phone #: _____

Parent/Guardian Email Address: _____

Emergency Contact/ Telephone #: _____

Allergies: _____

Current Medications: _____

Health Insurance Co. & Policy Number: _____

Health Insurance Co. Phone Number: _____