

**(Name of Church)**  
**GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR (0303-02a)**

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 (church).

I understand and acknowledge that (church) will not allow the minor to participate in the Activities without releasing and holding (church) harmless from any liability arising out of participation in the Activities. I understand there may be risks involved in the minor’s participation in the Activities and fully assume such risks on his or her behalf.

I REQUEST THAT (church) ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE (church), ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSAND 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 (church) representatives while participating in the Activities.

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

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
**Parent/Legal Guardian**

**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 if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint eligible members of the (church) leadership team as my agent(s) 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.

Special medical allergies, chronic illness or other conditions: \_\_\_\_\_  
\_\_\_\_\_

Minor’s Name: \_\_\_\_\_ Age \_\_\_\_\_ Medical # (9 digit): \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

(church contact information)