

Harvest Students Parental Consent & Release for Dangerous Activities

I, _____ am the parent or legal guardian of _____ who was born on _____.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending Harvest Bible Chapel, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. physical activities, both indoors and outdoors;
2. sports, both informal and organized;
3. use of recreational equipment;
4. field trips, both on and off campus;
5. travel by automobile, airplane, van or bus;
6. activities around water, including swimming and boating;
7. hiking; and
8. camping.

I acknowledge and understand that Harvest Bible Chapel may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL CONSENT AND RELEASE FOR DANGEROUS ACTIVITIES has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connections with said activities for any harm, injury, or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Harvest Bible Chapel's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Harvest Bible Chapel from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Harvest Bible Chapel's equipment and facilities.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine or any health care professional duly licensed to provide health care services for medical care and services deemed necessary by Harvest Bible Chapel, its agents, servants and employees.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Harvest Bible Chapel of any

and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Harvest Bible Chapel.

Should the need for medical attention arise, Harvest Bible Chapel will attempt to contact you, as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Harvest Bible Chapel on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL CONSENT AND RELEASE FOR DANGEROUS ACTIVITIES by reading it before I signed it.

Signature of Parent/Legal Guardian:

Print Name: _____ Date: _____

Name of Minor _____

Address _____

City _____ State _____ Zip _____

Email _____

Grade of Minor _____ D.O.B. ____/____/____

Home: () ____ - ____ Work: () ____ - ____ Cell: () ____ - ____

Emergency Contact _____ Phone: () ____ - ____

Special Medications or Medication Allergies _____

Health Insurance Provider _____

Health Insurance Policy Number _____

Please also include a copy of your insurance card