

## Release and Authorization for Specific Event

(to be used where no general release on file or for events specified by New Hope)

Rev. 9/04

Child's Name \_\_\_\_\_ (child)

Event Description \_\_\_\_\_ (Event)

Date and location of Event \_\_\_\_\_

In consideration of New Hope Presbyterian Church (new Hope) permitting the Child to participate in the Event, the undersigned does hereby agree as follows:

- 1. Release and Indemnification.** The undersigned, on behalf of themselves and the child, does hereby acknowledge that there are risks involved in the Child participating in the Event such as accidents in transportation and otherwise, exposure to reckless conduct of others persons, and even negligent conduct on the part of New Hope. Regardless, the undersigned, on behalf of the undersigned, the Child and all parents or legal guardians of the Child, does hereby release and forever discharge New Hope and its volunteers, agents, employees, directors and officers (collectively "Released Parties") from and against any and all claims, liability, damage, cost or expense arising out of the Child participating in the Event and related activities, including transportation activities, and whether or not any such claim or damage involves the negligence of any of the Released Parties. The undersigned further agrees to indemnify and hold the Released Parties harmless with respect to any and all claims that may be brought against any of the Released Parties because of the Child's acts or omissions. The undersigned understands that the undersigned may be giving up important legal rights by signing this document.
- 2. Authorization to Participating the Event.** The undersigned does hereby consent to the Child participating in the Event.
- 3. Authorization for Medical Treatment.** The undersigned does hereby authorize New Hope and each of its employees and volunteers in connection with the Event to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Child. This authorization is intended to grant full power and authority to such parties to consent to the any and all medical procedures and/or treatment that the consenting party deems advisable.
- 4. Certification of Authority.** The undersigned certifies that the undersigned has full power and authority to execute this document and full power and authority to bind other parties as set forth herein.
- 5. Certification of Information.** The undersigned certifies the correctness of the following:

Emergency Contact—Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Contact—Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Y/N If yes, name of company \_\_\_\_\_

Child's Physician and Phone Number \_\_\_\_\_

**IN WITNESS WHEREOF**, the undersigned, being the parent(s) and/or legal guardians of the Child, have executed this document as of the date set forth below.

\_\_\_\_\_  
signature of parent or guardian

Date \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
signature of parent or guardian

Date \_\_\_\_\_ 200\_\_