

General Release & Hold Harmless Agreement

I wish for _____ (print name), who is my child, or for whom I am the legal guardian, to participate in various activities organized, operated, or sponsored by Sewickley Presbyterian Church ("SPC").

I understand that _____ (print name) may incur personal injury or suffer damage to property ("Injury or Damage") while participating in those activities and that SPC would not allow _____ (print name) to participate in those activities without my agreeing to execute this General Release and Hold Harmless Agreement.

Therefore, I agree to release, hold harmless, and indemnify SPC, its staff, Elders, Deacons, and volunteers authorized to assist with, conduct, or organize the activities from liability in connection with any Injury or Damage to _____ (print name), and to pay all costs incurred by SPC, its staff, Elders, Deacons, or volunteers, including their reasonable attorneys' fees, in connection with that Injury or Damage, except to the extent that the Injury or Damage results from the intentional misconduct by a member of the SPC staff. Further, I agree to release, indemnify, and hold harmless SPC, its staff, its staff, Elders, Deacons, or volunteers from and against actions, claims, damages, costs, expenses or damages of any kind, including reasonable attorneys' fees, arising from, relating to, or in connection with any activities organized, operated, or sponsored by SPC in which _____ (print name) participates.

The undersigned or a member of the immediate family of the undersigned or those participating in programs, events, or activities operated or sponsored by the undersigned, its staff, agents and sponsors acknowledges that this is a full and complete release for all injuries and damages which the undersigned or a member of the immediate family of the undersigned or those participating in various programs, events, or activities operated or sponsored by the undersigned, its staff, agents and sponsors may sustain as a result of the undersigned or a member of the immediate family of the undersigned or those participating in various programs, events, or activities operated or sponsored by the undersigned, its staff, agents and sponsors, participating in any SPC program.

I further authorize the treatment of _____ (print name) by qualified and licensed medical personnel, or in the absence of any qualified and licensed medical personnel, by SPC staff or volunteers, in the event of a medical emergency which, in the opinion of the attending personnel, may endanger _____ (print name)'s life, cause disfigurement, physical impairment, or undue discomfort if delayed, including transportation.

This agreement shall remain in effect until I have provided written notice to SPC that I revoke it.

Date: _____

Print Name: _____

Permission Form

If registrant is under age 18, this form must be completed by parent or guardian and include parental or guardian signature.

NAME	
ADDRESS CITY, STATE, ZIP	
HOME PHONE	
SCHOOL	
GRADE	
AGE	
EMERGENCY CONTACT	
RELATIONSHIP	
EMERGENCY PHONE	
Parent or Guardian	
Address (if different)	
Daytime Phone	

MEDICAL INFORMATION

Please check the following areas of concern for this person:

Allergies Asthma Bee Stings Other _____

Foods: _____

Medications: _____

Has this person suffered from, or experienced:

Epilepsy/Seizure Disorders Heart trouble Diabetes