

Christ Church United Methodist, Inc.

Child/Youth General Release, Permission, Indemnification, and Medical Authorization Agreement

I understand Christ Church United Methodist, Inc., is a not-for-profit church that sponsors various programs designed to minister to children and youth (hereinafter "Ministry Programs") and that precautions are taken to ensure that the Ministry Programs are conducted in a safe and responsible manner. However, I further understand that because of the nature of activities within the Ministry Programs in which I am enrolling my child/youth,

that the Ministry Programs are con because of the nature of activities				
		(he	reinafter referred to as "Participant"	
(na	me of child)			
regardless of the supervision, there	e is a potential for injury during a	ny activity.		
Church Ministry Programs, and speclean-up, etc.). I do hereby release, and the Florida United Methodist Assigns (hereinafter referred to colsickness or death, as well as properarising from the minor Participant'	Participant being accepted by Christ Church United Methodist, Inc. for participation in the Christ pecifically participation in Habitat for Humanity Workday (activities include manual labor and se, indemnify, forever discharge and agree to hold harmless Christ Church United Methodist, Inc. t Annual Conference, their officers, directors, employees, pastors, volunteers and successors and ollectively as "Christ Church") from any and all liability, claims or demands for personal injury, perty damage and expenses, of any nature whatsoever resulting in any way from or in any fashion of the Christ Church Ministry Programs whether caused in whole or in part by a Christ Church, its agents, servants, employees, pastors, volunteers or otherwise.			
otherwise be brought on behalf of injury or harm that may occur whil Ministry Program and (c) any negli the Participant. I acknowledge by r a waiver of claim and release of lial	myself or the Participant for (a) e the Participant is on the prope gent act or failure to act on the prope signature below that I have collity of Christ Church from any a of whether those claims are cau	negligence or negligent su rty owned or used by Chris part of those chosen to adn arefully read this release ar and all claims made by me,	mited to, any claim which might pervision by Christ Church; (b) any at Church before, during or after the ninister emergency medical care to not that I fully understand that this is or on my behalf, or on behalf of the or failure to act of Christ Church, its	
involving my child/youth, but if the	Church cannot reach me, I con	sent to the administration	me in case of a medical emergency of first-aid and/or doctor's care or agree that I will pay for any medica	
Christ Church is granted p child for publicity or brochure purp		or group photograph and v	rideo taken at the event showing m	
Print child/youth name		grade	age	
Insurance company		Policy number		
Parent/ legal guardian printed n		•		
Telephone: Home	work		Cell	
Parent/ legal guardian signature			Date	
Notary signature	ary signature Date			
Notary Stamp				