

# CityRise

## Liability Release for Minor participating with an outside organization

PLEASE READ CAREFULLY AND INDICATE YOUR AGREEMENT BELOW.

NOTE: THIS FORMS INCLUDES A RELEASE OF LIABILITY

### AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the below-named child(ren), authorize the participation of my child(ren) in below-specified activity (the Activity) in connection with my child(ren)'s participation with \_\_\_\_\_(name of organization using Church facilities: Organization), on the campus of West University Baptist or Crosspoint Church (the Church). I understand the specified activity is sponsored and owned by \_\_\_\_\_(Organization) and not by West University Baptist or Crosspoint Church. I understand that my child is voluntarily participating in this Activity on the Church campus. I further understand and agree that my child(ren)'s participation in athletic and other activities thereof necessarily involves risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, allergic reactions, illness, collision or dispute with other participants, playing area and equipment defects and actions of adult sponsors, coaches or referees. On behalf of my child(ren), me, and my family, I assume these risks.

In consideration of the privilege of my child(ren)'s participation in the Activity, and on behalf of my child(ren) and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue the Church and all of the Church's directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives as to any and all claims of my child(ren), me and other family members for personal injuries suffered by my child(ren), property damage, medical expenses, and economic loss arising directly or indirectly out of my child(ren)'s participation in the Activity, and any first aid, medical care or treatment provided to my child(ren) in the event my child(ren) is/are injured or become(s) ill while participating in the Activity and excepting claims that may not be released under applicable law.

### MEDICAL CONDITIONS

I understand that participation in the Activity may involve strenuous and prolonged physical activity. I agree that my child(ren) is/are healthy and able to participate in the Activity. I understand that the Church or its representatives may request health information concerning my child(ren). I understand that at any time, the Church, independent of \_\_\_\_\_(Organization) may determine that my child is not able to reasonably or safely participate in the Activity and the Church may disallow my child from participating in the Activity. I understand that such decisions may have to be made out of concern for the best interests of my child(ren) and other participants.

I acknowledge that I am not aware of any condition or limitation that would dictate not having my Child participate in the Activity. I will not allow my Child to participate in the Activity should I become aware of any such condition or limitation and will not allow my Child to participate in the Event should s/he have any illness or disease which I reasonably understand to be contagious to others or would put others in jeopardy of contracting such illness or disease.

### CONSENT TO MEDICAL TREATMENT

In the event that my child(ren) is/are injured or become(s) ill during the Activity, and if I, the parent/guardian of the below-named child(ren), am not present to make medical decisions, I hereby authorize the representatives of \_\_\_\_\_(Organization), the Church, the Church's staff, or the Church's volunteers to arrange for and consent on my behalf to emergency medical and dental care and treatment. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child(ren).

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 in the State of Texas for medical care and services deemed necessary by the Church, 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 that if any portion of Liability Release agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

My signed acceptance below indicates that all information provided and submitted is true and accurate, and that I fully agree to all statements made, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

The Activity \_\_\_\_\_ Date(s) of Activity \_\_\_\_\_

Child's full name \_\_\_\_\_

Child's full name \_\_\_\_\_

Child's full name \_\_\_\_\_

Signed acceptance to all statements in this document

X \_\_\_\_\_  
Signature of Parent/Guardian (printed name of Parent/Guardian)

State of Texas; County of \_\_\_\_\_ )

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public \_\_\_\_\_ (seal)