

RELEASE AND WAIVER AND AUTHORIZATION FOR MEDICAL TREATMENT – MINOR

Event: _____.

Minor's Full Name: _____.

Date of Birth: _____.

I. RELEASE AND WAIVER

In consideration for allowing the above-named Minor (the "Minor") to participate in the above-named event (the "Event"), I do hereby, on behalf of the Minor and Myself, release volunteers, and assigns; Temple Church, its staff, leadership, employees, agents, representatives, chaperones, volunteers, and assigns, individually and collectively, from any and all claims and liabilities of whatsoever nature, that may arise from the Minor's participation in the event and any activities affiliated with Temple Church, whether or not such activities occur on the property of Temple Church and whether or not such claims or liabilities arise out of the negligence or other conduct of Temple Church. We recognize, understand, and acknowledge that the activities in which the Minor will or may participate involve risks, known and unknown, including serious bodily injury, permanent disability, or even death, but I am nevertheless voluntarily and knowingly consenting to the Minor's participation in those activities and am fully releasing Temple Church from any and all claims for such injury, disability or death to the fullest extent allowed by law.

I acknowledge that while participating in the Event, the Minor will be using the facilities of Temple Church and/or facilities owned and operated by third parties. I further acknowledge that in connection with the Event, the Minor may be transported in vehicles and/or equipment owned, leased, or rented by Temple Church and that Temple Church and/or third parties may operate such vehicles and/or equipment. I hereby give my permission for the Minor to use such facilities and to ride in such vehicles and/or equipment, and I assume all risk of the Minor's use of such facilities and transportation, known and unknown, including serious bodily injury, permanent disability, or even death, and I hereby release and waive any and all claims against Temple Church that may arise from the Minor's use of such facilities and transportation to the fullest extent allowed by law.

I further voluntarily agree to indemnify and hold harmless Temple Church against any and all losses, costs, damages, liabilities, and expenses, including the cost of investigation and defense of legal actions and reasonable attorneys' fees arising out of, resulting from, or in any way related to a future assertion by Me, or any other person or entity claiming through Me or the Minor, related to the Minor's participation in the Event. I have explained the risks of participating in the Event to the Minor.

Parent/Guardian Signature: _____.

Date: _____.

Printed Parent/Guardian Name: _____.

Minor's Signature: _____.

Date: _____.

SEE NEXT PAGE FOR REMAINDER OF DOCUMENT—ADDITIONAL SIGNATURES REQUIRED

Minor's Full Name: _____.

II. AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE

I further agree that Temple Church representatives have the authority to authorize or provide such emergency medical, dental, surgical care or treatment and are authorized to make all medical, dental or surgical care decisions as may be necessary in their judgment for the Minor during his/her participation in any activities affiliated with Temple Church, including but not limited to the Event. I understand that I will be financially responsible for any costs incurred in the emergency treatment and/or transportation of the Minor.

I understand that the Minor may be treated by a volunteer health care provider and that the volunteer health care provider is not administering care for or in expectation of compensation. I also understand and agree that the volunteer health care provider is immune from civil liability for any act or omission resulting in death, damages, or injury as long as the volunteer health care provider acts in good faith and in the scope of his or her duties in providing the health care services. I hereby grant permission for the staff, leadership, employees, agents, representatives, chaperones, volunteers and/or assigns of Temple Church to administer over-the-counter medications, including but not limited to: Tylenol, Advil, Tums, Benadryl, Anti-Itch Cream, Triple Antibiotic Cream, Benadryl Cream, Cough Drops, Throat Spray or Lozenges.

III. COVID-19 WAIVER AND RELEASE

I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that Temple Church cannot guarantee that the Minor will not become infected with the Coronavirus/COVID-19 and will not hold Temple Church responsible if the Minor becomes infected with the virus. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, the Minor, and others, including, but not limited to, church staff and volunteers. I acknowledge that the Minor must comply with all set procedures to reduce the spread while attending the Event.

I attest that the Minor has not been experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I do not believe the Minor has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

I, the Parent/Guardian of the Minor, do hereby give over and release unto the staff, leadership, employees, agents, representatives, chaperones, volunteers and/or assigns of Temple Church all authority and responsibility to authorize any and all medical treatment necessary for the protection of the health and well-being of the Minor. THIS AUTHORIZATION SHALL BE EFFECTIVE UNTIL IT IS EXPRESSLY REVOKED.

Parent/Guardian Signature: _____ Date: _____.

Printed Parent/Guardian Name: _____.

SEE NEXT PAGE FOR REMAINDER OF DOCUMENT—ADDITIONAL SIGNATURES REQUIRED

Minor's Full Name: _____.

IV. RELEASE AND WAIVER (CONTINUED)

I agree that the Minor will abide by all rules and will respect the staff, leadership, employees, agents, representatives, chaperones, volunteers, other children/students, and the property of Temple Church or of third parties. Any illegal activity by the Minor may be reported to the proper authorities. I understand that use of, or being under the influence of alcohol or illegal drugs during the Event will result in denial of participation in the Event. I have advised the Minor not to engage in horseplay and to follow all directions and instructions. I further understand that I am financially responsible for any damage to public or private property caused in whole or in part by the Minor and will reimburse Temple Church within thirty (30) days for any expenses associated with damages or repairs.

In exchange for allowing the Minor to participate in the Event and activities with Temple Church, Temple Church has my permission to use, without compensation, any photographs, videos, graphics, recordings, or other media of the Minor in including, but not limited to, advertising, website/internet, commercials, social media, or any other means of communication. **I hereby release and waive any right of ownership to such media and release and waive any and all claims the Minor or I may have to receive any royalty or other compensation for such use.**

I acknowledge that all of my electronic signatures, if any, in this Release and Waiver and Authorization for Medical Treatment signify my intent to be validly and legally bound by this Release and Waiver and Authorization for Medical Treatment. I agree that copies, scans or faxes of my signature are likewise accepted as validly and legally binding.

I have had the opportunity to speak with legal counsel regarding this Release and Waiver and Authorization for Medical Treatment. I represent that I am authorized to act on behalf of the Minor and all Parents and Guardians of the Minor. As consideration for allowing the Minor to participate in the Event, on behalf of all Parents and Guardians of the Minor and on behalf of the Minor, I give up and release any and all claims against Temple Church arising from the Minor's participation in the Event to the fullest extent allowed by law.

Parent/Guardian Signature: _____ Date: _____.

Printed Parent/Guardian Name: _____.

Minor's Signature: _____ Date: _____.

END OF DOCUMENT