

REQUIRED RELEASE
City Students Events
General Release and Hold Harmless Agreement

Participant's Name _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Emergency Phone: _____ Contact Name: _____

I, _____, am the parent or legal guardian of _____ (the "Minor"), who desires to participate in various programs, events or activities in **City Students Summer Camp -** (hereinafter collectively referred to as the "Activities") at **Ocoee Retreat Center** on or about **July 20 - 23, 2016** operated or sponsored by Church of the City. (the "Church"). I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the Minor's participation in the Activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, abduction and even death.

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of the Church's representatives while participating in the Activities, and that the Church may inspect luggage and any other items taken to the Activities. This Agreement is binding on the Minor's heirs, successors and personal representatives.

Initial

Medical Treatment Authorization and Power of Attorney

In the event the minor suffers any injury or condition during his or her participation in the Activities, including transportation to and from the Activities, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby appoint Church of the City Staff as my Agent to act for me and in my name (in anyway I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact me or my spouse.

Initial

Photograph Release

Regarding photographs of myself or my child(ren) taken at the Activities, I give COTC permission to do the following for non-profit use and without charge: use at the discretion of COTC, display at a service or event or be used in a multimedia presentation, reprint and distribute for any COTC non-profit publication with copyright to accompany photo when used (for example, in the church bulletin, brochures, etc.), display on the COTC website, or use quotes and video clips on the COTC website.

The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and personal Representatives.

(Print Full Name) Parent or Legal Guardian

**Signature: Parent/Guardian-
on behalf of the Minor**

Date

(Print Full Name) Parent or Legal Guardian

Signature: Parent/Guardian- Indiv.

Date