

**RELEASE & INDEMNITY AGREEMENT-YOUTH**



**HILLSIDE UMC**

4474 Towne Lake Parkway  
Woodstock, GA 30189  
770-924-4777

Name of Minor Child \_\_\_\_\_  
Name of Parent or Legal Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_  
Cell Phone and email of Parent/Guardian \_\_\_\_\_

FOR AND IN CONSIDERATION of the foregoing and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned hereby agree as follows:

I, the undersigned (including any Parent and/or Guardian and Minor Child signing below), understand that my child named above ("My Child") desires to participate in the following event (the "Event") with Hillside United Methodist Church, Inc. (the "Church"), which Event is more commonly known as  Sr. Hi Spring Break Mission Trip  on the following dates, including  April 5-9, 2020 . It is my understanding that the Event and the activities of the Event are approved by the Church and are chaperoned by Church staff and/or other volunteers.

Accordingly, I, the undersigned, hereby release, waive, discharge, and covenant not to sue the Church and its staff, officers, and volunteers as well as their respective heirs, agents, legal representatives, successors-in-interest, and assigns (collectively referred to as the "Releasees") from all liability to My Child and/or any of My Child's agents, heirs, legal representatives, assigns, and next of kin for any and all charges, complaints, claims, damages, actions, causes of action, suits, rights, costs, losses, expenses (including attorneys' fees and court costs), liabilities, and obligations therefore, on account of, or in any way related to, any accident, injury, or illness to the person or property of, or resulting in the death of, My Child arising out of or related to the Event, including, but in no way limited to, any transportation to, from, and during the Event, although this does not release the Church or its agents from any gross negligence and any intentional wrongful conduct.

Further, I hereby indemnify and hold harmless the Releasees from any loss, liability, damages, or bodily injury, including, but not limited to, bruises, lacerations, broken bones, or other serious injury or illness resulting in pain, paralysis, or death and/or property damage to My Child due to the actions, inactions, or negligence of any third-parties. I acknowledge that the Releasees are not additionally insured for any claims, damages, actions, causes of action, suits, costs, losses, expenses (including attorneys' fees), liabilities, and obligations therefore, on account of, or in any way related to, accident, injury, or illness to the person or property of, or resulting in the death of, My Child, while My Child is participating in, or traveling to, from, or during, the Event. I further agree, promise, and covenant to hold harmless and indemnify the Releasees from all defense costs, including reasonable attorney's fees, and from any other costs incurred in connection with any claims for bodily injury or property damage that My Child may negligently or intentionally cause to other third-parties in the course of the Event.

I further expressly agree the foregoing release & indemnity agreement is reasonable and is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and, if any portion thereof is held or found invalid, it is agreed that the balance, notwithstanding any other invalidity, shall continue in full legal force and effect.

In the event of an emergency, I hereby authorize an adult leader from the Church youth ministry to act as an agent for me and to consent for My Child to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury requiring medical attention.

I also understand that photos or images of My Child may be used in publicity and/or social media within the Church youth ministry, as appropriate. I have initialed here \_\_\_\_\_ to indicate I do not give permission for photos to be used.

I have read and do hereby voluntarily sign this release and indemnity agreement and further agree that no oral representations or inducements apart from the foregoing written agreement have been made to me by any other person or party. By voluntarily signing below, I warrant that I have read this entire agreement and understand all of the foregoing. In signing this document, I fully recognize that if anyone is hurt or any property is damaged while My Child is participating in, or traveling to, from, or during, the Event, I will have no right to make a claim or file a lawsuit against the Releasees even if they or any of them negligently caused the bodily injury or property damage.

IN WITNESS WHEREOF, the undersigned Minor Child, and such Child's parent(s) or legal Guardian(s) on behalf of the Minor Child, understand and hereby agree to the terms herein and have hereunto set their hand and seal as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

"MINOR CHILD"  
By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

"PARENT(S)" OR "GUARDIAN(S)"  
By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

*See 2<sup>nd</sup> page to add more information about your child*

**RELEASE & INDEMNITY AGREEMENT-YOUTH**

**Page 2**

Any allergies, medications, injuries or special instructions we need to be aware of during this event:

---

---

---

---

---

Any other emergency contact name and phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_