LIABILITY RELEASE & PARTICIPATION AGREEMENT

Name: _____ Shirt Size: _____ Gender at Birth: M F DOB: _____ Grade: _____
Last First

Address: _____
Street City State Zip

Parent Name: _____ Phone: _____ Email: _____

Health Information:

Does participant have any of the following:

- ☐ Heart Trouble
- ☐ Ear Trouble
- ☐ Food Allergies
- ☐ Lung Trouble
- ☐ Asthma
- ☐ Medication Allergies
- ☐ Skin Trouble
- ☐ Diabetes
- ☐ Other Allergies:

Explanation of any above health conditions (please us reverse side if necessary):

Date of Last Tetanus: _____ Medications & Dosage: _____

All medication participant is currently taking, including over the counter, must be in original bottle from pharmacy indicating dosage, intervals and participant's name. **Please make sure all medication is turned in to designated personnel upon arrival!**
As Parent/Guardian, I hereby authorize and request any hospital emergency staffed physician to administer any procedure which their judgement may be necessary. I also give permission to the first aid person to release pre-prescribed medication and non-prescribed medication such as Tylenol. **Harvest Church has adopted an infectious disease policy; a copy may be obtained by contacting the church office. In general, rules of common sense hygiene are urged, such as regular washing of hands, no exchange of razors, toothbrushes, etc.**

Does your child have any physical, mental illness or special needs? If yes, Please explain:

Emergency Contact: _____ Relation: _____ Phone: _____
Name of Parent/Guardian: _____ Policy Holder's Name: _____
Medical Insurance Co: _____ Policy #: _____
Ins Address: _____ Physician: _____

The family's individual policy is primary coverage with the sending church's policy as secondary.

I understand that my involvement in Harvest Church Activities is a privilege. In consideration of this privilege, I am signing this release and consent form. DISCIPLINE/PROPERTY DAMAGE: I understand that Harvest Church and its affiliates make rules and guidelines that my child will abide by while attending. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, I will pay for any damage that is done to the church property or to personal property belonging to another individual.

PHOTO & VIDEO REALSE/PERMISSION TO USE PICTURES & VIDEOS FOR PROMOTIONAL PURPOSES:
The undersigned parent(s) or legal guardian(s), of my child, in consideration of the benefits of the Child participating in the activities of Harvest Church, hereby grants to Harvest Church the right to video/photograph said Child, and to use said video/photographs, regardless of the form thereof, which may include, but not necessarily be limited to still or digital format to promote Harvest Church. It is understood and agreed that the video/photographic images taken by Harvest Church and used by Harvest Church for promotional purposes may be used in various forms, including but not necessarily limited to printed forms, transmission via internet, television or otherwise. The permission herein granted shall continue in effect unless revoked in writing.

ASSUMPTION OF RISK:
I understand that I may participate in any number of activities, some which include, but not limited to water sports, obstacle course activities, zip-line, rock wall climbing, skate park, basketball, and other games. I understand that there are certain risks of physical injury involved with all such activities, some of which I may not presently be aware. I understand and acknowledge the physical nature of church activities. I understand the participation in these activities requires a certain level of physical fitness and abilities. By signing this release, I assure my child is physically fit and able to participate in all activities, except I request my child NOT participate in the following activities:

I acknowledge that by signing this form I will be added to the parent communication list for the activities my child attends. I may opt out at any time.

I understand by signing this release form, I am assuming such risks that are both known and unknown to me at this time. I further release Harvest Church of the Assemblies of God, its trustees, employees, rental facilities, including its trustees, employees and agents from any claim that I may have against them as a result of my child's physical injury or illness during my child's participation in Harvest Church activities. This release of liability is also intended to cover all claims that members of my family, estate of heirs, representatives or assigns may present against Harvest Church of the Assemblies of God, employees, rental facilities, including trustees, employees and agents. A claim may be based on the sole and exclusive negligence of Harvest Church and the Assemblies of God. I further agree to defend, indemnify and hold Harvest Church of the Assemblies of God, employees, rental facilities, including it's trustees, employees and agents, harmless from liability resulting from my child's participation in Harvest Church activities, including reasonable attorney's fees.
This release shall be effective and binding upon Harvest Church of the Assemblies of God and upon me. If a dispute over this agreement or any claim for damages arises, the Participant (and/or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (and/or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.
I have read this Activity Participation Agreement and fully understand its items. I subsequently represent that I, the legal parent/guardian, have signed this form in authorization of these terms. I acknowledge that by signing this document, I am agreeing to release Harvest Church of the Assemblies of God and rental facilities, including its trustees, employees, and agents from liability. I have been advised to read this document carefully before signing. I have thoroughly read the contents of this release and agree to the terms stated in each area including disciplinary procedures, property damage, medical policies, emergency procedures, and release of liability. The information I have completed is accurate to the best of my knowledge.

_____ _____
PARENT/GUARDIAN SIGNATURE (Required) **DATE**