

**ALL NATIONS WORSHIP MINISTRIES**  
**Activity Release Forms**

**MINOR Participant Information:**

Name:

Street:

City:

State:

Zip:

Phone:

Date of Birth:

Name(s) of Mother & Father (or legal guardians):

Parent's address (If different than child's):

Street:

Phone:

City:

State:

Zip:

**Activity Information**

Organization: **ALL NATIONS WORSHIP MINISTRIES**

Activity:

Place:

Date of Activity:

**Permission and Medical Treatment Waiver**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby give my permission for him/her to attend the above activity and to be treated for a medical emergency in my absence while participating in the Ministry's trip. The Ministry or any affiliated Adult supervisor may act as an agent in my absence. **In case of accident, I do not hold ALL NATIONS WORSHIP MINISTRIES, its workers, or the adult chaperones responsible.**

Special Dietary Needs: Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

In case of emergency, if I am not available at the above address and phone, please contact:

Name:

Phone:

Parent/Guardian Signature:

Date:

## **PARENT AUTHORIZATION AND WAIVER OF RISK FOR TRAVEL**

I hereby give my consent for my daughter/son: \_\_\_\_\_, to participate in the trip to \_\_\_\_\_, including traveling from and to Vine Grove, KY TO: \_\_\_\_\_, KY. (S)He will be traveling by CHURCH VAN OR PRIVATE VEHICLE.

**I understand that neither ALL NATIONS WORSHIP MINSTRIES, nor the staff is liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during these activities.**

### **PAYMENT AND INDEMNITY HOLD HARMLESS AGREEMENT**

I, (parent/guardian) \_\_\_\_\_, hereby agree to assume full responsibility for the payment of all debts incurred by my child, \_\_\_\_\_, during his/her visit to: trip to \_\_\_\_\_, KY, and to reimburse ALL NATIONS WORSHIP MINISTRIES for any damages suffered by it due to my child's acts during the trip.

### **Waiver of Risk**

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. In consideration for the ALL NATIONS WORSHIP MINISTRIES, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release ALL NATIONS WORSHIP MINISTRIES, or any other participating organization, and their officers, agents, representatives, workers and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, ALL NATIONS WORSHIP MINISTRIES or any other participating organization, their agents, representatives, workers, and volunteers during the course of the activity in which he or she is participating.

### **Authorization for Medical Care**

I authorize ALL NATIONS WORSHIP MINISTRIES (and any other participating organization) to procure, at my expense, any medical care reasonably required for my child during the trip.

This Payment and Indemnity Hold Harmless Agreement means that the undersigned will not file a lawsuit or make a claim on behalf of said person against any of the entities or individuals above and will pay the costs of defense or damage caused by a claim by or on behalf of the undersigned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian