

## 2020 PARENTAL MEDICAL & LIABILITY WAIVER RELEASE STATEMENT

As the parent or legal guardian of the student named below, I hereby give my full consent and approval for my child to participate and travel during any 2020 events sponsored by **Heritage Christian Church** (hereafter the "Church").

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to all attending health care professionals (including, but not limited to nurses, LPNs, PAs, paramedics, doctors, or dentists) selected by the Pastor, ministry director, or activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage will be used as primary and sole coverage for my child in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken by the Church and its agents during all events and activities as described, but not limited to the events listed. I recognize the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the directors, pastors, leaders, employees or volunteer staff of the Church liable for damages, losses, diseases, or injuries incurred by the student named below.

I further authorize the Pastor, ministry director, or activity leader from the Church to send my child home at my expense due to his/her willful misconduct and or inappropriate actions contrary to set guidelines or rules.

In consideration of \_\_\_\_\_ (Student name) being permitted to participate in all Heritage sponsored events during the year of 2020, I the undersigned being the parent or guardian ("Releasor") hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, Heritage Christian Church and their officers, directors, agents, affiliates, employees, and assigns ("Releases") from any and all negligence of Releases or otherwise, arising out of or relating his/her presence or participation in the aforementioned 2020 events and any activities related thereto.

This release shall be binding on myself, the student, my heirs, executors and legal representatives.

Full name of covered student: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date signed: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature of student (of over age 18): \_\_\_\_\_