



**Release and Hold Harmless Agreement (Youth Ministries)**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event(s): All Youth Ministry activities, retreats, and missions trips for one year from date signed below.

Emergency Contact Name: 1. \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

**Acknowledgement of Risk and Release**

I, \_\_\_\_\_, acknowledge that I am aware of and have investigated to the extent necessary all dangers and risks inherent in the activity listed above including the risk of serious bodily injury or death. I believe that I am (or the participant named above, if minor, is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, Pequea Brethren in Christ Church (Pequea Church), and its Elders, employees, agents, volunteers and/or officers from any liability arising from participation in the activity listed above. It is further acknowledged that any Pequea Church activity may involve transportation in a personal vehicle, van or a bus.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

Participant or Parent/Guardian Initials \_\_\_\_\_

**Grant of Permission**

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to Pequea Church, its officers and authorized employees, agents or volunteers to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain, prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Pequea Church, it's leaders, employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by Pequea Church and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

Participant or Parent/Guardian Initials \_\_\_\_\_

**Image/Interview Release**

In connection with participation in the above listed event/activity, I/we understand, (if minor, parents/guardian) hereby grant to Pequea Church, its successors and those under its authority the right to use participant's name, image and/or interviews in all forms of media including advertising and related promotion. I/we grant this right without compensation and release to Pequea Church, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

Participant or Parent/Guardian Initials \_\_\_\_\_

**Health Insurance**

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the date of the activity listed above.

**ALL PARTICIPANTS MUST BE COVERED BY HEALTH INSURANCE TO PARTICIPATE IN THE ABOVE LISTED ACTIVITY.**

Participant or Parent/guardian Initials \_\_\_\_\_

**Life/Disability Insurance**

I/we the undersigned (if minor, parents/guardian) hereby confirm that either:

- The participant listed above is covered by a life insurance and a disability insurance policy that is effective as of the date of the activity listed above, **or**
- The participant listed above does not have a life insurance and/or disability insurance policy. I/we understand that we personally will bear the risk of injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless Pequea Church as acknowledged above.

**NOTE:** For work trips and short-term missions trips supplemental insurance may be available through independent companies. Please contact your trip leader for additional details.

Participant or parent/guardian Initials \_\_\_\_\_

**Signature**

**If under the age of 18, the parent or guardian must read and initial each section and sign below, indicating his/her acceptance. This agreement covers all Youth Ministry activities, retreats and missions trips for one year from the date signed below.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list any allergies, medicines and/or medical conditions on the back of this form.**