

**ASSUMPTION OF RISK AND RELEASE**  
**INSURANCE INFORMATION**

I (we) desire that the child named \_\_\_\_\_ herein (hereafter "child") attend \_\_\_\_\_ ("the Event") sponsored by Bethel Baptist Church. I (we) understand that the Church will not allow the child to attend or participate in the Event unless I (we) enter into this Assumption of Risk and Release of Liability Agreement (the "Agreement") on my (our) behalf and on behalf of the child. Therefore, in exchange for permission for the child to attend the Event, I (we) make the following representations and agreements, which I (we) understand that the Church is relying on:

I am (we are) authorized to execute this document on behalf of the child named herein, and Church should rely on this representation without any duty or obligation to make further inquiry or investigate whether the undersigned is (are) so authorized. The child is of sound mind, in good health, and no physical or mental conditions will hinder child from attending the Event.

I am (we are) aware of the hazards and risks to the person and/or property of the child associated with travel, traveling to and from the Event, and participating in activities associated with the Event. I (we) choose to allow the child to attend the Event with full awareness of the risks, and with respect to both the Church, and their respective agents, officers, directors, volunteers, and employees, I (we) voluntarily assume all risks of illness, injury or death to the child associated with such risks, and any damage to his or her personal property.

By allowing the child to attend the Event, I (we) voluntarily expose the child to the risks and dangers associated with attending the Event, whether expected or unexpected. Risks or dangers may include but are not limited to illness, infection, injury, or death, and I am (we are) aware of these risks and dangers and I am (we are) aware that I (we) may obtain appropriate insurance coverage at my (our) own expense. I (we) further understand that the Church may not have any insurance coverage that would apply in the event of the child's illness, injury, or death, or damage to the child's property that may occur during the child's participation in the Event including traveling to and from the Event.

I (we) understand that the terms of this Agreement are contractual and legally binding on me (us), and also on my (our) respective representative heirs, estates, beneficiaries, successors, and assigns.

I (we) give permission to the Church to provide routine health care. I (we) authorize the Church to dispense to the child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.

I (we) hereby authorize the Church to transport the child to the closest medical facility for medical treatment. I (we) hereby authorize the Church to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital. I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat the child in the case of emergency. I (we) hereby do consent to the use of blood and/or blood products under the care of a licensed physician in case of emergency.

The undersigned adult(s) shall be jointly and severally liable and agree(s) to pay any and all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization within thirty (30) days of the date of billing such costs and expenses.

I (we) hereby release, forever discharge and agree to defend and hold harmless the Church from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages

and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child that occur while said child is traveling to and from, or participating in the Event. I (we) individually, and on behalf of the child, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in the Event and activities involved therein.

I (we) individually, and on behalf of the child, expressly waive any defense to the enforcement of any provision of this Agreement arising from a claim of lack of consideration and warrant that the commitment set forth in this document constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I (we) expressly agree that the authorization, assumption of risk, release and the other agreements and representations set forth herein are intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING PROVISIONS, INCLUDING BUT NOT LIMITED TO THE ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

This Agreement has been executed and delivered in the State of Alabama, and its validity, interpretation, performance, and enforcement shall be governed by the laws of said State regardless of any conflict of law provisions. If any provision of this Agreement is held invalid by any tribunal in a final decision from which no appeal is or can be taken, such provision shall be deemed modified to eliminate the invalid element, and, as so modified, such provision shall be deemed a part of this Agreement. If it is not possible to modify any such provision to eliminate the invalid element, such provision shall be deemed eliminated from this Agreement. The invalidity of any provision of this Agreement shall not affect the force and effect of the remaining provisions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**General Information**

Parent Name \_\_\_\_\_

Parent Cell \_\_\_\_\_

Parent E-mail \_\_\_\_\_

**Medical Information**

Name of insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

Know Allergies / Medication / Medical Problems: \_\_\_\_\_

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