

**RELEASE OF CLAIMS - HOLD HARMLESS AND AUTHORIZATION
FOR EMERGENCY MEDICAL OR DENTAL CARE TO MINOR**

This Release and Consent is entered into on this ____ day of _____, 20____, by _____ (“Parent”), the parent or legal guardian of _____ (hereinafter referred to as “Minor”).

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will.
2. Parent acknowledges that Minor will, with Parent’s permission, participate in activities (“Church activities”) conducted by or sponsored by SANDY RIDGE BAPTIST CHURCH, its directors, officers, employees, and agents (collectively referred to as “Church”) during the duration of this agreement.
3. Parent, individually and on behalf of Minor, releases and agrees to hold Church harmless from all liability, including liability for negligence, for harm to Minor or Minor’s personal property, resulting directly or indirectly from Minor’s participation in Church activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor’s participation in Church activities and agrees to indemnify Church against any liability which might be assessed against it as a direct or indirect result of Minor’s participation in Church activities.
4. In the event of Minor’s injury during any Church activity and Parent’s unavailability to authorize medical treatment, Parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia, by any medical professional chosen by the Church. Parent understands and agrees that this consent is given to encourage the Church and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases Church from any such duty of payment.
5. Parent understands and agrees that this Release and Consent shall remain in effect for a period of one (1) year or until Parent’s written revocation, whichever is first, and that Parent’s consent to treatment shall remain in effect until revoked orally or in writing to Church or to the licensed medical professional treating Minor.

Parent

Date

Witness

Date