

CONSENT AND RELEASE FORM

NAME, DATE, & DESTINATION OF TRIP: _____

LODGING INFORMATION: _____

PURPOSE OF TRIP: *Growing closer to God and each other*

TYPES OF ACTIVITIES ON TRIP: _____

NAME OF TRIP LEADER: *ELAINE WARD*

I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN, HEREBY CONSENT TO _____,
NAME OF PARTICIPANT

HEREIN REFERRED TO AS MY CHILD, PARTICIPATING IN _____,
NAME OF EVENT

AN EVENT SPONSORED BY NEW HOPE BAPTIST CHURCH ON ____/____/____ -- ____/____/____.

I CERTIFY THAT I/MY CHILD AM/IS ABLE TO PARTICIPATE IN ALL ACTIVITIES (UNLESS NOTED BELOW) WHILE ON THIS TRIP. IF MY CHILD HAS MEDICAL CONDITIONS WHICH MAY BE RELEVANT TO A PHYSICIAN IN THE EVENT OF AN EMERGENCY, I HAVE LISTED THEM BELOW. I MAY BE REACHED AT THE TELEPHONE NUMBERS LISTED BELOW. IF I CANNOT BE REACHED, I HEREBY AUTHORIZE THE ADULT SPONSOR, SARA ELAINE WARD, TO MAKE EMERGENCY MEDICAL DECISIONS FOR MY CHILD.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

I DO HEREBY AGREE TO HOLD NEW HOPE BAPTIST CHURCH AND ITS AGENTS AND EMPOLYEES HARMLESS FROM ANY ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, CLAIMS, EXPENSES, AND DAMAGES ON ACCOUNT OF INJURY TO MY CHILD OR PRPERTY, EVEN INJURY RESULTING IN DEATH, WHICH MY CHILD NOW HAS OR WHICH MAY ARISE IN THE FUTURE IN CONNECTION WITH THE ACTIVITY OR PARTICIPATION IN ANY OTHER ASSOCIATED ACTIVITIES.

I EXPRESSLY AGREE THAT THIS RELEASE, WAIVER, AND INDEMNITY AGREEMENT IS INTENDED TO BE BROAD AND INCLUSIVE AS PERMITTED BY THE LAW OF THE STATE OF SOUTH CAROLINA, AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT. THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO, AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT MERE RECITAL.

I FURTHER STATE THAT **I HAVE CAREFULLY READ THE FOREGOING RELEASER AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** THIS IS A LEGALLY BINDING AGREEMENT WHICH I HAVE READ AND UNDERSTAND.

_____INT.

MEDICAL CONDITIONS TO BE AWARE OF:

TELEPHONE #'s WHERE I MAY BE REACHED IN AN EMERGENCY:

I DO NOT WISH MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

SIGNATURE OF PARENT OR LEGAL GUARDIAN

PRINT SIGNATURE

DATE