

CHILD/YOUTH AGREEMENT AND LIABILITY RELEASE
NEW HOPE PRESBYTERIAN CHURCH
Chapel Hill, North Carolina

Participant name: _____
(Please print unless signature is required)

DOB: _____ **Male** _____ **Female** _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Telephone (day): _____ **(evening):** _____

I, Participant and/or parent/legal guardian on behalf of the Participant, in consideration of the services of NEW HOPE PRESBYTERIAN CHURCH, located at 4710 Hwy 86, Chapel Hill, North Carolina, and the members of the governing boards including elders, trustees, and officers, volunteers, leaders, agents or employees of NEW HOPE PRESBYTERIAN CHURCH, (collectively referred to herein as "**NEW HOPE**"), and in further: consideration of the right and opportunity afforded to me to participate in the event or program and including travel as required, described as:

Event: _____ **Date:** _____ (referred to herein as the "ACTIVITY"), do hereby acknowledge, agree, promise and covenant with NEW HOPE and all other persons or entities, on behalf of myself, my heirs, assigns, personal representative and estate, as follows:

RISKS: I understand and acknowledge that the ACTIVITY in which I am about to voluntarily engage as a participant bears certain known risks and also unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property or to third parties. I understand and acknowledge that those risks may result in personal claims against NEW HOPE, or claims against me by third parties, and I expressly agree, covenant, and promise to accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to third parties and their property arising from my participation in the ACTIVITY. My participation in the ACTIVITY is purely voluntary and without expectation of compensation or remuneration of any kind, and I elect to participate regardless of and with full knowledge of the risks

RELEASE: I hereby voluntarily release and forever discharge NEW HOPE, and all other persons or entities from any and all liability, claims, demands, actions or rights of action including all costs and expenses which are related to, arise out of, or are in any way connected with my participation in the ACTIVITY, and including without limitation the negligent and other acts or omissions of NEW HOPE, and this release of NEW HOPE also includes release and discharge from all liability, claims, demands, actions or rights of action including all costs and expenses which are related to, arise out of, or are in any way connected with claims for bodily injury or property damage which I may negligently or intentionally cause to third parties in the course of my participation in this event. I further

agree, promise, and covenant not to sue or assert any claim against NEW HOPE, for any injury, death, illness, disease, or damage to myself or to my property, arising from or connected with my participation in the ACTIVITY or from any claim asserted against me by third parties.

MEDICAL COVERAGE: I understand and acknowledge that no medical or other insurance or health care benefits will be provided to me by NEW HOPE during the ACTIVITY, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participating in the ACTIVITY and to cover bodily injury or property damage caused to a third party as a result of my participation in the ACTIVITY, as follows:

Insurance Company _____ Policy # _____

Address: _____

MEDICAL RELEASE: I hereby further certify that I will voluntarily participate in the ACTIVITY and I hereby grant permission to those individuals in charge of the ACTIVITY to seek emergency medical assistance should the same be required.

Person to notify in case of injury:

Name: _____

Daytime telephone: _____

Evening telephone: _____

MEDICAL CONCERNS:

Please list all medications and their administration schedule:

Please list any allergies or other medical condition:

Please list any dietary restrictions: _____

ALL PARTIES MUST SIGN:

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ **DATE:** _____

SIGNATURES MUST BE WITNESSED:

SIGNATURE OF WITNESS: _____ **DATE:** _____

**ADULT AGREEMENT AND LIABILITY RELEASE
NEW HOPE PRESBYTERIAN CHURCH
Chapel Hill, North Carolina**

Participant name: _____
(Please print unless signature is required)

DOB: _____ **SS#:** _____ **Male** ___ **Female** ___

Address: _____

City/State/Zip: _____

Telephone (day): _____ **(evening):** _____

I, Participant, in consideration of the services of NEW HOPE PRESBYTERIAN CHURCH, located at 4710 Hwy 86, Chapel Hill, North Carolina, and the members of the governing boards including elders, trustees, and officers, volunteers, leaders, agents or employees of NEW HOPE PRESBYTERIAN CHURCH, (collectively referred to herein as "**NEW HOPE**"), and in further: consideration of the right and opportunity afforded to me to participate in the event or program and including travel as required, described as:

Event: _____ **Date:** _____

(referred to herein as the "ACTIVITY"), do hereby acknowledge, agree, promise and covenant with NEW HOPE and all other persons or entities, on behalf of myself, my heirs, assigns, personal representative and estate, as follows:

RISKS: I understand and acknowledge that the ACTIVITY in which I am about to voluntarily engage as a participant bears certain known risks and also unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property or to third parties. I understand and acknowledge that those risks may result in personal claims against NEW HOPE, or claims against me by third parties, and I expressly agree, covenant, and promise to accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to third parties and their property arising from my participation in the ACTIVITY. My participation in the ACTIVITY is purely voluntary and

without expectation of compensation or remuneration of any kind, and I elect to participate regardless of and with full knowledge of the risks.

RELEASE: I hereby voluntarily release and forever discharge NEW HOPE, and all other persons or entities from any and all liability, claims, demands, actions or rights of action including all costs and expenses which are related to, arise out of, or are in any way connected with my participation in the ACTIVITY, and including without limitation the negligent and other acts or omissions of NEW HOPE, and this release of NEW HOPE also includes release and discharge from all liability, claims, demands, actions or rights of action including all costs and expenses which are related to, arise out of, or are in any way connected with claims for bodily injury or property damage which I may negligently or intentionally cause to third parties in the course of my participation in this event. I further agree, promise, and covenant not to sue or assert any claim against NEW HOPE, for any injury, death, illness, disease, or damage to myself or to my property, arising from or connected with my participation in the ACTIVITY or from any claim asserted against me by third parties.

MEDICAL COVERAGE: I understand and acknowledge that no medical or other insurance or health care benefits will be provided to me by NEW HOPE during the ACTIVITY, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participating in the ACTIVITY and to cover bodily injury or property damage caused to a third party as a result of my participation in the ACTIVITY, as follows:

Company _____ Policy # _____

Address: _____ Phone: _____

PRIMARY CARE PHYSICIAN: _____ Phone: _____

MEDICAL RELEASE: I hereby further certify that I will voluntarily participate in the ACTIVITY and I hereby grant permission to those individuals in charge of the ACTIVITY to seek emergency medical assistance should the same be required.

Person to notify in case of injury:

Name: _____

Daytime telephone: _____

Evening telephone: _____ Cell phone: _____

MEDICAL CONCERNS:

Please list all medications and their administration schedule:

Please list any allergies or other medical conditions:

Please list any dietary restrictions: _____

ALL PARTIES MUST SIGN:

My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

SIGNATURES OF WITNESS: _____ **DATE:** _____