

**General Release & Hold Harmless Agreement**

I wish for \_\_\_\_\_ (print name), who is my child, or for whom I am the legal guardian, to participate in various activities organized, operated, or sponsored by Christ Memorial Presbyterian Church ("CMPC").

I understand that \_\_\_\_\_ (print name) may incur personal injury or suffer damage to property ("Injury or Damage") while participating in those activities and that CMPC would not allow \_\_\_\_\_ (print name) to participate in those activities without my agreeing to execute this General Release and Hold Harmless Agreement.

Therefore, I agree to release, hold harmless, and indemnify CMPC, its staff, Elders, Deacons, and volunteers authorized to assist with, conduct, or organize the activities from liability in connection with any Injury or Damage to \_\_\_\_\_ (print name), and to pay all costs incurred by CMPC, its staff, Elders, Deacons, or volunteers, including their reasonable attorneys' fees, in connection with that Injury or Damage, except to the extent that the Injury or Damage results from the intentional misconduct by a member of the CMPC staff. Further, I agree to release, indemnify, and hold harmless CMPC, its staff, Elders, Deacons, or volunteers from and against actions, claims, damages, costs, expenses or damages of any kind, including reasonable attorneys' fees, arising from, relating to, or in connection with any activities organized, operated, or sponsored by CMPC in which \_\_\_\_\_ (print name) participates.

The undersigned or a member of the immediate family of the undersigned or those participating in programs, events, or activities operated or sponsored by the undersigned, its staff, agents and sponsors acknowledges that this is a full and complete release for all injuries and damages which the undersigned or a member of the immediate family of the undersigned or those participating in various programs, events, or activities operated or sponsored by the undersigned, its staff, agents and sponsors may sustain as a result of the undersigned or a member of the immediate family of the undersigned or those participating in various programs, events, or activities operated or sponsored by the undersigned, its staff, agents and sponsors, participating in any CMPC program.

I further authorize the treatment of \_\_\_\_\_ (print name) by qualified and licensed medical personnel, or in the absence of any qualified and licensed medical personnel, by CMPC staff or volunteers, in the event of a medical emergency which, in the opinion of the attending personnel, may endanger \_\_\_\_\_ (print name)'s life, cause disfigurement, physical impairment, or undue discomfort if delayed, including transportation.

This agreement shall remain in effect until I have provided written notice to CMPC that I revoke it.

Date: \_\_\_\_\_

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

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