

## BROOKSIDE CRC AGREEMENT AND RELEASE

This agreement is made by and between Brookside Christian Reformed Church ("Brookside") and \_\_\_\_\_ ("Participant") and, if applicable, \_\_\_\_\_ and \_\_\_\_\_ ("Parent(s)" of the Participant).

### RECITALS

1. Brookside is a non-profit corporation engaged in church related activities.
2. Participant desires to participate in Brookside related activities including, but not limited to the following: \_\_\_\_\_ (the "Activities")
3. To the extent Participant is less than (18) years of age, the Parent authorizes and gives permission for the Participant to engage in the Activities and also enters into this agreement.

### AGREEMENT

NOW, THEREFORE, in consideration of the undersigned engaging in the Activities, the undersigned states and agrees as follows:

1. Participant and Parent (if applicable) accept responsibility for the payment of all charges, and expenses for medical and hospital care as well as transportation fees to and from medical facilities that may be incurred by Participant arising out of injuries related to the Activities. Further, Participant and Parent (if applicable) authorize Releases to seek and/or administer emergency medical care on behalf of Participant. For purposes of medical care which may be provided, Participant and Parent (if applicable) provide the following information:

Phone number for emergencies \_\_\_\_\_ (day) or \_\_\_\_\_ (night)

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone number of Insurance Company \_\_\_\_\_

Pre-authorization phone number (if required) \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Tetanus shot or booster received within last 7 years \_\_\_\_ yes \_\_\_\_ no

Please list any information we should know about medications, allergies or physical or mental conditions. This is confidential \_\_\_\_\_

2. Participant and Parent (if applicable) for themselves and their heirs and assigns, hereby release Brookside, its officers, agents, directors, employees and all other persons or volunteers providing any services or equipment in any way related to the Activities ("releases"), from any and all claims, demands and liability due to death, injury or property damage, arising from or in any way related to the Activities, including the provision of medical services by Releases.

3. If Participant is under eighteen (18) years of age, the Parent signing this Agreement and Release represents and warrants (A) that said Parent has been appointed guardian of said Participant and has the authority to release claims of said Participant; of (B) if said Parent has not been appointed guardian of the Participant, or is without the authority to execute this Agreement and Release on behalf of the Participant, that the Parent hereby agrees to defend and indemnify the Releases from any and all claims made by the Participant against Releases.

This Agreement is dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

Participant \_\_\_\_\_

Parent(s) \_\_\_\_\_

If child is under 18, then this agreement must also be signed guardian, parent and/or person with authority to release claims and indemnify Releases.  
(Approved by admin team 3/14/00)

### BROOKSIDE CRC TRANSPORTATION RELEASE FORM

I give permission for Brookside Christian reformed Church to transport my child,

\_\_\_\_\_, to and from ministry activities connected with Brookside Christian Reformed Church.

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

Date \_\_\_\_\_