



1350 S Hwy 395 - Hermiston, OR 97838
541.567.8441

STUDENT MINISTRIES ACTIVITY PARTICIPATION AGREEMENT

1. RELEASE OF LIABILITY

I understand that the opportunity to attend NHCC STUDENT MINISTRIES activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release NHCC STUDENT MINISTRIES, including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in NHCC STUDENT MINISTRIES activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives NHCC STUDENT MINISTRIES and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE NHCC STUDENT MINISTRIES AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE NHCC STUDENT MINISTRIES, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in NHCC STUDENT MINISTRIES activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold NHCC STUDENT MINISTRIES, including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all NHCC STUDENT MINISTRIES activities.

3. MEDIA RELEASE

I hereby grant permission to NHCC STUDENT MINISTRIES the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of NHCC STUDENT MINISTRIES.

4. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) NHCC STUDENT MINISTRIES will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

MEDICATION INFORMATION

Any medication brought to events must be accompanied by written instructions from a physician/parent. All prescriptions must be brought to the event in the original container in which they were issued (with medical instructions, dosage information, etc.).

Participant Name: _____ Gender: M / F Birthday: _____

Address: _____

Parent or Legal Guardian Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Participant Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____