## Consent and Release Form for Church Activity

## Adirondack Baptist Church

1431 State Highway 29 Gloversville, NY 12078 (518) 883-4125 Pastor Nathan Petersen

I, the undersigned parent(s), hereby consent to my child, \_\_\_\_\_\_\_, who is \_\_\_\_\_\_\_ years of age, participating in the activities connected with the "Teen Clash" at Adirondack Baptist Church, an activity sponsored by Adirondack Baptist Church on the following date(s): May 29-31, 2024. I understand that my child will be participating in the activity at the church from 6:00pm to 9pm on each evening. I understand that this activity will include the following: Bible teaching, dinner, physical games. I certify that my child is able to participate in any and all of these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church officials, I hereby authorize the church or the adult sponsors at Teen Clash to make emergency medical decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge *Adirondack Baptist Church* and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not, limit to, any injury to my child or property, even injury resulting in death.

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 *New York* and that any portion hereof 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.

I further grant Adirondack Baptist Church my permission to use the photographs or videos

taken during this event for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable too me by reason of such use.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Medical conditions to be aware of:		
Physical restrictions:		
Instructions and medications:		_
Date of last tetanus or booster:		
I do <b>not</b> wish my child to participate in the fo	ollowing:	
Parent or Guardian	Parent or Guardian	
Date	Date	
Telephone numbers where I may be reached	in an emergency:	
People authorized to pick up my child(ren):		