

2009 RELEASE AND MEDICAL TREATMENT AGREEMENT

The undersigned, who is a participant ("Participant") in activities at Kossuth Street Baptist Church (the "Church"), in consideration of the agreement by the Church to permit the undersigned to participate in the activities sponsored by the Church, including, but not limited to riding in Church vehicles, riding in private vehicles arranged by the Church, putt-putt golf, swimming, various conferences, and day and overnight camps during the year 2009 (the "Activities"), make the following acknowledgments and covenants:

1. **Release and Hold Harmless.** I do hereby release and agree to indemnify, protect and hold harmless the Church, its officers, board members, supervisors, agents, servants, employees, and all private persons or organizations providing services for Church outings from any claim or liability whatsoever, including, but not limited to, personal injury, death, property damage, court costs, attorney fees and interest, however caused, including the negligence of the Church, as a result of my participation in Activities.

2. **Termination of Activities.** I do further agree that the Church, its officers, agents, and/or employees reserve the right to terminate the participation of the undersigned for failure to behave and act in accordance with the Church's rules of conduct, for failure to follow the instructions and directions of the supervisor(s) and/or chaperones, or for any acts of conduct by any participant deemed by the Church, its officers, agents and/or employees, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the group as a whole. If the participation of the undersigned is terminated, the undersigned will be sent home at the expense of the undersigned.

3. **Medical Costs.** I shall be liable and agree to pay all costs and expenses incurred in connection with any medical, dental or other related services rendered to me as a result of injuries incurred during the Activities. Should it be necessary for me to return home due to medical reasons, I shall assume all transportation costs.

4. **Assumption of Risk.** I know the risk and the danger to myself and property, both from known risk and unanticipated risk, while in or upon the property of the Church or while observing or participating or assisting in the Activities, and I do so willingly, voluntarily and in reliance, not upon the property, equipment, facilities and existing conditions furnished by others, but upon my own judgment and ability, and I thereby assume all risk of loss, damage or injury (including death) to myself and my property from any cause whatsoever and whether or not attributable to the negligence of others.

5. **Binding Agreement.** This is a legal document and is a binding contract and release. If you do not understand any portion of it or do not wish to agree to the terms contained herein, consult an attorney and do not sign this document.

Participant Signature _____

Date _____ Age _____

A parent or legal guardian must sign if the Participant is less than eighteen (18) years old. By signing below, such parent or legal guardian is agreeing to be bound, jointly and severally, as the Participant.

Parent's Medical Treatment Authorization. In addition, the undersigned parent or guardian hereby authorizes an adult, in whose care Participant has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the Participant.

Parent/Legal Guardian Signature _____

Date _____

Emergency Contact Numbers _____

Emergency Contact Information:

Father's Name

Address

Phone

Mother's Name

Address

Phone

Insurance Information:

Do you have hospital insurance? Yes No

Insurance Agency

Policy Number

Physician

Physician's Phone

Who invited you?