

PERMISSION, INDEMNITY, AND RELEASE

First Presbyterian Church (“FPC”) sponsors various activities for youth. I (we) give permission for my (our) child to participate in any FPC-sponsored activity that my (our) child attends. I (we) further give permission for my (our) child to ride with a driver age 18 or older to and from those activities whether in the FPC vans, private volunteer-driven cars, buses leased by FPC, or any other vehicles utilized by FPC.

Release and Indemnity

I (WE) UNDERSTAND THAT WITH ANY ACTIVITY, INCLUDING, BUT NOT LIMITED TO TRANSPORTATION, THERE IS A CHANCE OF INJURY TO PERSON OR DAMAGE TO PROPERTY. NOTWITHSTANDING SUCH RISK, AND IN CONSIDERATION OF FPC’S AGREEMENT TO PERMIT MY (OUR) CHILD TO PARTICIPATE IN FPC-SPONSORED ACTIVITIES, I (WE) DO HEREBY RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS FPC, ITS OFFICERS, EMPLOYEES, MEMBERS, AGENTS, REPRESENTATIVES, AND VOLUNTEERS, INCLUDING, WITHOUT LIMITATION, ALL DRIVERS (COLLECTIVELY “RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, COSTS, EXPENSES, LIABILITIES, AND DAMAGES OF ANY NATURE WHATSOEVER WHICH MAY RESULT FROM, ARISE IN CONNECTION WITH, OR IN ANY WAY RELATE TO ANY INJURY TO MY (OUR) CHILD OR DAMAGE TO MY (OUR) CHILD’S OR MY (OUR) PROPERTY, AS A RESULT OF OR ARISING OUT OF MY (OUR) CHILD’S PARTICIPATION IN A FPC-SPONSORED ACTIVITY, INCLUDING, WITHOUT LIMITATION, BODILY INJURY, DEATH, PROPERTY DAMAGE, OR OTHER INJURY, AND WHETHER BASED ON CONTRACT, TORT, STATUTORY, OR OTHER THEORY, AND WHETHER FOR ACTUAL, COMPENSATORY, ECONOMIC, NON-ECONOMIC, OR PUNITIVE DAMAGES, EVEN IF CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE, INTENTIONAL CONDUCT, OR OTHER FAULT OF THE RELEASED PARTIES.

I (WE) UNDERSTAND THAT THIS PERMISSION, INDEMNITY, AND RELEASE IS NOT SPECIFIC TO ONE EVENT, BUT SHALL INCLUDE ALL FPC-SPONSORED ACTIVITIES AND EVENTS AND ALL ACTIONS AND OMISSIONS INCIDENTAL TO THOSE ACTIVITIES IN WHICH MY (OUR) CHILD PARTICIPATES, INCLUDING, BUT NOT LIMITED TO, TRANSPORTATION, ORGANIZATION, PLANNING, AND SUPERVISION FOR ANY SUCH ACTIVITY.

Medical Treatment Authorization

Further, in the event my (our) child is injured at a FPC-sponsored activity, whether during participation in an event, transportation to or from an event, or otherwise, and requires medical treatment, I (we) give permission to any FPC staff member or adult volunteer (age 18 years or older) to authorize such medical treatment as he or she determines appropriate in consultation with any medical professional, and I (we) agree that any medical professional may rely upon this authorization in connection with the provision of any medical treatment to my (our) child. In addition, I (we) agree to be financially responsible for all such medical treatment, and in connection therewith, I (we) agree to make a claim for any such medical expenses thereby

incurred on my (our) personal insurance, as applicable. Furthermore, I (we) shall indemnify FPC, its staff and any adult volunteer for any sums expended by any such person in connection with any medical treatment received by my (our) child.

It is not unusual for youth to ride with their peers who are licensed to drive. I (we) understand and agree that FPC does not and will not accept responsibility for injuries or damages resulting from my (our) child riding with their peers to or from FPC-sponsored activities. I (we) agree to be solely responsible for transporting my (our) child to and from FPC functions if I (we) do not want them riding with their peers.

I (we) acknowledge and agree that my (our) child may be photographed in connection with his or her participation in FPC-sponsored activities, and that these photographs may be included in publications and web sites of First Presbyterian Church of Midland.

I (WE) ACKNOWLEDGE AND AGREE THAT I (WE) HAVE READ, UNDERSTAND AND ACCEPT ALL OF THE PROVISIONS OF THIS PERMISSION, INDEMNITY, AND RELEASE, INCLUDING, WITHOUT LIMITATION, THE MEDICAL TREATMENT AUTHORIZATION AND THE RELEASE AND INDEMNITY PROVISIONS CONTAINED HEREIN.

Student's Name

Parent's Names Printed

Parent's Signature

Date

POWER OF ATTORNEY

I, the undersigned, hereby authorize Angel Fire Resort Operations, L.L.C., and any medical or dental persons to allow the designated official _____, to act in my stead and IN LOCO PARENTIS for my Child, _____, to make any and all arrangements that are appropriate and in the best interests of my Child, for my Child's personal care, or medical, surgical or dental care, and:
To give CONSENT in my name and in the name of my Child to any and all types of MEDICAL TREATMENT or procedures, DENTAL TREATMENT or procedures or SURGICAL procedures for my child;
To give CONSENT in my name and in the name of my Child to the disclosure of any confidential or privileged communication or information related to the care of my Child; and
To give CONSENT in my name and in the name of my Child to the signing of any and all RELEASE OF LIABILITY AND INDEMNITY AGREEMENTS, being aware that THESE AGREEMENTS DO RELEASE LEGAL RIGHTS on my behalf and on the behalf of my Child and to legally bind me for my Child.
A photocopy or facsimile of this instrument shall be deemed an original for all purposes.
This document shall be valid for the period of time from _____ to _____.

Emergency Contact _____ Phone _____
Parent's Name (PRINT) _____ Date _____
Parent's Signature _____
Address _____
Work Phone _____ Home Phone _____
Print Name of Child _____ DOB _____
Sex Male Female

MEDICAL HISTORY

Has your child had any operations or serious injuries in the past year? YES / NO
Please, explain _____
Does your child have any chronic or recurring illness / medical conditions? YES / NO
Please, explain _____
Does your child have any dietary restrictions? YES / NO
Please, explain _____
Does your child have any food allergies? YES / NO
Please, explain _____
Is your child currently taking any medications? YES / NO
Please, explain _____
Does your child have any physical limitations that may limit or prevent their participation in today's activities? YES / NO
Please, explain _____
Has your child experienced any of the following in the past year?
YES / NO Frequent ear infections YES / NO Diabetes YES / NO Asthma YES / NO Mumps
YES / NO Heart Condition / Disease YES / NO Chicken Pox YES / NO German Measles YES / NO Measles
YES / NO Bleeding / Clotting Disorders YES / NO Hypertension YES / NO Lyme Disease
Family Physician _____
Do you carry medical / hospital insurance? YES / NO
Insurance Carrier _____
Policy Group # _____