

CHURCH OF THE HIGHLANDS

CONSENT AND LIABILITY RELEASE FORM

CONSENT FOR ALL PARENTS OR LEGAL GUARDIANS OF CHILDREN (BETWEEN 14 AND 18 YEARS OLD) WHO ARE PARTICIPATING IN ANY ACTIVITY WITH CHURCH OF THE HIGHLANDS

I consent to allow any of my children listed below to participate in an activity, event or program sponsored by Church of the Highlands (COTH).

In the event of an emergency where medical treatment is necessary, I authorize COTH to obtain the services of a licensed physician and/or certified paramedic for me and/or any of my children listed below. I agree that any such expense will be my obligation. I have provided phone numbers below that may be used in the event of an emergency. I agree to update these contact numbers if there is a change.

Date	Parent or Legal Guardian Signature	Date	Parent or Legal Guardian Signature
Print Names of Children	DOB	Blood Type	Date of Last Tetanus Shot
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Phone: _____ Work: _____ Mobile Phone: _____

Family Physician/Emergency Contact and Phone: _____

Medical Insurance Company and Policy Number: _____

Physician Prescribed Medications: _____

Special considerations or needs (allergies, asthma, etc.): _____

LIABILITY RELEASE TO BE SIGNED BY INDIVIDUAL OVER THE AGE OF 18 or PARENT/LEGAL GUARDIAN

I, (PLEASE PRINT) _____ individually, or in my capacity as a parent or legal guardian of the above listed child(ren), hereby provide a full and complete release of any liability and indemnification, past or future, which may be claimed against COTH, and its agents, trustees, officers, employees, members, attendees, representatives, any volunteers and specifically includes all claims and demands of whatever nature, actions, damages, costs, loss of services, expenses and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time or whether or not they arise following the execution of this release. For the consideration stated above, I further agree that in the event that my child or I should make any claim against COTH for damages arising out of the above named activity, we will personally indemnify, defend, and hold harmless, and its agents, trustees, officers, employees, members, attendees, representatives, and any volunteers against any and all loss and damaged occasioned thereby, including attorney's fees.

I understand that COTH may take photographs of me, my child(ren) and my family in the course of its activities, and I grant COTH permission to publish such photographs in a manner COTH deem appropriate.

This *Liability Release Form* is in effect for **ALL** events or activities that I, or any of my children, may participate in. This release form is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to COTH.

_____	_____
Date	Individual over 18 or Parent/Legal Guardian