

HOLD HARMLESS, MEDICAL TREATMENT, MEDIA RELEASE, and EVENT PERMISSION FORM

TO: PARENT/LEGAL GUARDIAN



Events: **Official Ministry Events and Activities of Niceville Assembly**

Events Location(s): **Inside Okaloosa, Escambia, Santa Rosa & Walton Counties, FL Only**

PLEASE PRINT! PLEASE PRINT! PLEASE PRINT! PLEASE PRINT!

Minor's Last Name _____ Minor's First Name / Nickname _____

Minor's Birthdate _____ Minor's Home Phone # _____ Gender M / F

Minor's Address _____ City _____ State _____ Zip _____

Person(s) to contact in case of an emergency: (complete all blanks)

Parent(s) / Guardian(s) Mom: _____ Dad: _____

Complete Address _____

Phone _____ Cell / Pager _____

Email Address _____

Does minor have any special personal or **medical needs** or **allergies** of which we should be made aware? List all that apply:

Who is authorized to pick up and leave with this minor? List all who apply: _____

I, _____, agree to these statements and conditions for _____ ("my minor")
(Please print name of parent / legal guardian) (Please print name of minor)

as this agreement pertains to my minor's participation with First Assembly of God of Niceville, Inc.'s ("The Church"), 108 Hwy. 85 N., Niceville, Florida activities/events for the entire Period of Consent. **All copies, facsimiles, and reproductions of this document shall be as valid as the original.**

Section 1. HOLD HARMLESS

I hereby consent to participation, by my minor listed above, in the activities/events of The Church. I do hereby release The Church, its directors, employees, land owners, and agents from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by me or my minor while my minor is participating in the above-described activity including recreation, work activities, and transportation. I further hereby agree to hold harmless and indemnify The Church, its directors, employees, land owners, and agents for any liability sustained by said acts of my minor, including expenses incurred attendant thereto.

Section 2. EMERGENCY MEDICAL TREATMENT PERMISSION

I understand that on rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment can develop. I understand that the designated supervisor of The Church events/activities will attempt to contact me prior to exercising this emergency treatment consent. I understand that this emergency treatment consent is important to prevent delays if an emergency does occur and The Church is unable to contact me. In the event of injury or illness to my minor, I hereby authorize a designated activity supervisor of The Church to give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release and hold harmless The Church, its directors, employees, land owners, and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of my minor.

Section 3. MEDIA RELEASE

I understand that The Church collects, records, publishes, posts, transmits, and displays audio/visual "media" (images, recordings, videos, and other media) to further its ministry purposes. With this understanding, I give permission for media of my minor above to be collected, recorded, published, posted, and displayed to further the ministry purposes of The Church. I hereby voluntarily release and hold harmless The Church, its directors, employees, land owners, and agents acting officially or otherwise, from all manner of suits, actions, claims, demands, and liabilities which may arise from my minor's media participation. This release applies to all media displayed publicly, on the church web site, via emails, or in any way made available for viewing or listening by The Church or general public. I understand that all media remains the property of The Church, and waive all rights to original media, copies of media, royalties, entitlements, payments, or any other compensation or quid pro quo benefits which might arise from The Church's acquisition, storage, display, publication, posting, or distribution of media of my minor. I understand that this document constitutes a full and complete waiver of all possible claims of any nature whatsoever, including claims of negligence, personal injury or property loss, or damage, arising out of my minor's media participation.

Section 4. EVENT PERMISSION

I hereby consent to participation, by my minor listed above, in the activities/events of The Church. I understand that events may take place at The Church or any other location inside of Okaloosa, Escambia, Santa Rosa and Walton Counties, Florida.

Signature: _____ Date: _____
(Parent or Legal Guardian, please sign here) (Date of signature)

Parent / Guardian Comments: _____

STATE OF FLORIDA, COUNTY OF OKALOOSA

Subscribed and sworn before me this _____ day of _____, 2012, by _____
(Name of Parent or Legal Guardian)

(Seal)

Notary Public