

RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY CARE

This Release of Claims is entered into by the undersigned parent or legal guardian of _____ (hereinafter referred to as "Minor") on the date written below.

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will. Parent acknowledges that Minor will, with Parent's permission, participate in certain activities ("Church activities") conducted by or sponsored by Vows Church, Inc., its directors, officers, employees, volunteers, and agents (collectively referred to as "Church").

2. Parent consents to the Church photographing and/or recording the Church activities and agrees that any photographs or recordings of the minor taken by the Church at the Church activities are the property of the Church for use by the Church as it sees fit. Neither Parent nor the Minor shall be entitled to any compensation for such use.

3. Parent, individually and on behalf of Minor, releases and agrees to hold Church harmless from all liability for harm to Minor or Minor's personal property, resulting directly or indirectly from Minor's participation in Church activities or from Church's negligence. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor's participation in Church activities and agrees to indemnify Church against any liability which might be assessed against it as a direct or indirect result of Minor's participation in Church activities.

4. In the event of Minor's injury during any Church activity and Parent's unavailability to authorize medical treatment, Parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia, by any medical professional chosen by the Church. Parent understands that this consent is given to encourage the Church and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases Church from any such duty of payment.

Parent's signature

Date

Parent's printed name