

VOLUNTEER MINOR RELEASE
Inside Out Project

DATE: _____ SERVING AT: _____

I, _____, am the parent or legal guardian of _____ -- (the "Minor"), who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated or sponsored by St. Mark's Church (the "Church").

I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the Minor's participation in the Activities and fully understand and assume such risks on his/her behalf. Specifically, I understand and acknowledge that the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I also give St. Mark's Church permission to use photographs and video taken at this event that includes my image in part or in whole, at their discretion. These images may be displayed at a service or events, used in a multi-media presentation, distributed in print or on the St. Mark's Church website.

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of the Church's representatives while participating in the Activities.

This Agreement is binding on the Minor's heirs, successors and personal representatives.

Dated: _____ Signed: _____
Parent/Guardian-On behalf of the Minor

Dated: _____ Signed: _____
Parent/Guardian-On behalf of the Minor

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his/her participation in the Activities, including transportation to and from the Activity, which may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, to the extent allowed by local law, I hereby appoint _____ as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the Minor concerning his/her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me or my spouse.

Dated: _____ Signed: _____
Parent/Guardian-Individually

Dated: _____ Signed: _____
Parent/Guardian-Individually

Emergency contact: Name: _____ Phone: _____