ChristCommunity
an Evangelical Free Church

# Release and Waiver of Liability Form for Minor Child

***10901 Lowell Ave, Suite 290, Overland Park KS 66210***

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with participation in this activity.

I understand and agree that neither **Christ Community Church** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to my minor child as a result of participation in this activity and hereby release **Christ Community Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless **Christ Community Church**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my minor child's participation in the activity.

I authorize **Christ Community Church** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur while participating in this activity. Further, being the parent or legal guardian of the minor child, I understand that efforts will be made to contact me prior to treatment for my minor child but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As the parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

I understand and acknowledge that **Christ Community Church** does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with participation in the activity.