

# Heritage Baptist Church Powerhouse New England Consent and Release Form

I, the legal parent or guardian, hereby consent for my child, \_\_\_\_\_, to participate in the activities sponsored by \_\_\_\_\_\*, on August 10th-12th, 2022, in conjunction with Powerhouse New England at Heritage Baptist Church in Wallingford, CT. I certify that my child is able to participate in the activities. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize \_\_\_\_\_\*\* to make emergency medical decisions for my child. If there are any activities in which I do not want my child to be involved, I have instructed the leaders concerning them.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED DURING THE PROGRAM, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold \_\_\_\_\_\*, Heritage Baptist Church, and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury/illness to my child or property, even injury/illness resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law of the state of \_\_\_\_\_\*\*\* and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full and legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I AGREE TO THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Signature of parent or guardian                      Date                      Emergency Contact #

\*Church Name      \*\*Group Leader's Name      \*\*\*Your State

MEDICAL INFO/NOTES/RESTRICTED ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_