



2019-20
Medical and Liability Release



Lake Grove Presbyterian Church
4040 Sunset Drive | Lake Oswego, OR 97035
503-636-5656 | www.lakegrovepres.org

AGREEMENT OF ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AND INDEMNIFICATION

In consideration of the opportunity for my child to participate in activities sponsored by LGPC, whether on LGPC premises or elsewhere, I agree as follows:

- 1. I understand and acknowledge that participation in the activities may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death.
2. I understand and agree that neither LGPC nor any of its trustees, elders, employees, agents, representatives or volunteers may be held liable in any way for a child's behavioral misconduct...
3. I hereby release, waive and discharge LGPC, its trustees, elders, employees, agents, volunteers and representatives from any and all claims, demands, losses or damages...
4. I also hereby agree to hold harmless, defend and indemnify LGPC and all persons mentioned in point 3 from any claim or demand...
5. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to damages which are caused or alleged to be caused in whole or in part by the negligence of LGPC or the individuals listed in point 3.

I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND BY SIGNING IT I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I SIGN THIS AGREEMENT VOLUNTARILY.

DATED: _____

Signature of Parent or Guardian

PARENT'S CONSENT FOR MEDICAL TREATMENT

Name of Child: _____

Age: ____ Grade: ____ Date of Birth: _____

Address: _____

E-Mail: _____

Home Telephone: _____

Father: _____

Cell Telephone: _____

Mother: _____

Cell Telephone: _____

Insurance Company: _____

Policy No. _____

I, the undersigned, being the parent or legal guardian of the above minor child do hereby fully authorize Lake Grove Presbyterian Church ("LGPC"), its trustees, elders, employees, agents, representatives and volunteers to act on my behalf in the event my child is the victim of an accident, injury or illness that requires immediate medical or surgical care.

IMPORTANT MEDICAL INFORMATION (including medications): _____

DATED: _____

Signature of Parent or Guardian

PARENT'S CONSENT FOR PHOTOGRAPHY

I hereby give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. By granting permission, you are agreeing to the following; Lake Grove Presbyterian reserves the right to use any images for promotional or other purposes, including electronically, online, in hard copy, or in any other medium.

DATED: _____

Signature of Parent or Guardian