

AUTHORIZATION FOR MEDICAL TREATMENT AND WAIVER AND INDEMNITY AGREEMENT

The undersigned, as the parents(s) and/or legal guardian(s) of _____ (“the child”), age _____, and presently having care, custody and control of the child, hereby give my/our express permission for the child to go to _____, on _____, 200__ and participate in all associated or connected activities.

Authorization for Medical Care. Should an emergency situation which necessitates medical attention arise concerning the child, I understand that Highland Park Baptist Church, Austin, TX (“the Church”) will attempt to notify me. If the Church cannot reach me, I hereby authorize the Church or its representative to consent to the unexpected medical, dental, surgical care or hospitalization. I further authorize the doctor or other health-care professional to make such decisions and to provide the medical care which s/he deems necessary and proper under the circumstances of the emergency situation.

I understand that information regarding my health insurance will be provided to the provider of any medical service to the child and that any and all expenses for medical care and treatment provided to the child will be my responsibility. The Church will not be obligated to pay any medical expenses incurred on behalf of the child.

I know that a **Personal History/Medical Information Form** has been completed for the child and that the information contained therein is complete and accurate. I will notify the Church if I feel there are any health considerations which would prevent the child’s participation in any activity.

Waiver. In consideration of the Church accepting the child for participation in this event, I hereby expressly waive and release any and all rights which I or the child, my or his heirs, executors and administrators may have, including any claims any of the parties mentioned may have against the Church or its agents, employees, representatives, volunteers, members, successors and assigns, it being expressly acknowledged that it is unnecessary to specifically name each one, for all injuries suffered by the child that may arise out of travel to or participation in the activity specified above.

Indemnity. I expressly agree to hold the Church, its agents, employees, representatives, volunteers, members, successors and assigns harmless from any and all liability of any nature which may arise out of or result from travel to or participation in the activity mentioned above. In consideration of the Church accepting the child for participation, I further agree that in the event the child, or I, or anyone on his or my behalf, should make any claim against the Church for damages arising out of the above mentioned activity, I will personally indemnify, defend and hold harmless the Church and its agents, employees, representatives, volunteers, members, successors and assigns, it being specifically agreed that it is unnecessary to name each one, against any and all loss and damage occasioned thereby and any judgment or verdict received by me or the child or my or his heirs, assigns, executors and administrators, including attorneys’ fees.

I have read and understand this Authorization/Waver/Indemnity agreement and have willingly placed my signature below as evidence of my acceptance of the conditions contained herein.

Parent/Guardian Date

Parent/Guardian Date

Witness Date