

# **CHURCH OF THE HOLY COMFORTER YOUTH ACTIVITIES**

## **PERMISSION, EMERGENCY MEDICAL TREATMENT CONSENT, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

I am the parent or guardian of \_\_\_\_\_, a minor (the “Minor”).

I hereby give permission for Minor to attend and participate in the Church of the Holy Comforter’s (the “Church”) youth ministry activities and events, including but not limited to worship, meetings, social and service events, activities and trips both at and away from the Church property located at 543 Beulah Road, Vienna, VA (the “Youth Activities”) during the period of July 1<sup>st</sup> 2019 through August 31, 2020.

**TRANSPORTATION PERMISSION:** I hereby give permission for Minor to ride in any vehicle driven by a licensed adult chaperone while attending and participating in Youth Activities.

**PHOTOGRAPHIC IMAGE PERMISSION:** I hereby give the Church (1) permission to photograph and video Minor while participating in Youth Activities and (2) full rights to use those photographs and videos for the Church’s social media, website and print publications.

**EMERGENCY MEDICAL TREATMENT CONSENT:** I understand that in the event an emergency medical situation arises during Minor’s participation in Youth Activities, the Church will make reasonable efforts to contact me. I hereby consent to emergency medical care and transportation for Minor in order to obtain treatment in the event of Minor’s injury or illness during Minor’s participation in Youth Activities. I shall be liable and agree to pay all costs and expenses incurred relating to such emergency medical care and transportation.

**INDEMNIFICATION/HOLD HARMLESS:** In consideration of the Church’s allowing Minor to participate in Youth Activities I, on my behalf and on behalf of Minor, hereby agree to indemnify, defend and hold harmless the Church and its clergy, employees, vestry, and volunteers from and against all claims, losses, causes of action, liability, costs and expenses, including reasonable attorneys’ fees, arising out of or related to Minor’s participation in Youth Activities or the permissions and consents given herein.

I agree, on my behalf, and on behalf of Minor, that all personal property of Minor brought to or used during Youth Activities is at the sole risk of the Minor as to its theft, damage or loss.

**SEVERABILITY:** I expressly agree that the terms of this agreement are intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia. If any provisions of this agreement are found to be invalid, those terms shall be stricken, and the remaining provisions shall be construed and enforced to the same effect as if the invalid provision had not been contained in the agreement.

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By signing below, I represent that I have read and understand the terms of this agreement.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Parent Email address:

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Current Grade of Youth and School

\_\_\_\_\_  
Cell Phone (Parent/Legal Guardian)

\_\_\_\_\_  
Home Phone (Parent/Legal Guardian)

\_\_\_\_\_  
Other Emergency Contact & Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Health Insurance Provider

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Current Medications

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Minor's Cell Phone Number (if applicable)

\_\_\_\_\_  
Youth E mail Address (If applicable)