

READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above named child, authorize the participation of my child in the RIM athletic program. I understand that RIM is conducted by Holy Mountain Baptist Church and its volunteers and staff, including some parents of other participating children. Holy Mountain Baptist Church is solely responsible for all aspects of the RIM program including selection and supervision of all persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of this program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks.

In consideration of the privilege of my child's participation in RIM, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue Holy Mountain Baptist Church, or the sports directors, officers, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with RIM as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in RIM and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

MEDICAL CONDITIONS

I understand that participation in RIM may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the activities. I understand that RIM or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the RIM program determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in activities, the church may determine that my child cannot be permitted to participate. I understand and agree that, while the church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT OF MEDICAL TREATMENT

In the event my child is injured or becomes ill in RIM activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child.

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____