



Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004

RELIGIOUS INSTITUTION PROGRAM RELEASE FORM

ALL PARENTS OR GUARDIANS OF ANY MEMBER OR GUEST'S CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY RELIGIOUS INSTITUTION PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING *RELIGIOUS INSTITUTION PROGRAM RELEASE FORM* BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM/ACTIVITY.

(Please keep a copy of this form within each members file for future reference)

Member: Child's Name: _____

Male

Female

Age: _____

Personal Information

Member's Name: _____

Member's Church: _____

Members Phone Number: (Home): () - () (Work): () - ()

Street

City

State

Zip

Member's Address: _____

Program or Event Information

I agree to have my child participate in the following Program or Event: _____ . This event will take place at _____ on _____ between the hours of _____ and _____ .

TRANSPORTATION

COST

MEALS

Bus

No Charge

Lunch will be provided

Walking

A charge of \$ _____ for transportation

A bagged lunch needed

Private Car

A charge of \$ _____ for admission

A charge of \$ _____ is needed for lunch

RELEASE / DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY RELIGIOUS INSTITUTION EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE RELIGIOUS INSTITUTION'S PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD _____, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that the religious institution does not have on or about the premises, an employ or contract with any medical services, provisions for ordinary and/or emergency medical services.

I understand that my child may participate in any of the following activities at Camp Chippewa, Camp Comeca, Camp Fontanelle, Camp Horizon, Camp Lakeside, or Camp Norwesca: horse riding, jump pillow, petting barn, zip line, high ropes, canoes, kayaking, paddle boats, swimming, and superslide.

I agree that my child/youth's image may be used in print, videos, or digital media for use in news and promotional materials such as brochures, newsletters, videos, and digital images such as those on the Great Plains Conference website.

In consideration of my child's participation in and the use of the religious institution's facilities, I hereby release and covenant not to sue the institution, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by _____.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent/ Guardian Name (print): _____ DATE: _____

The information and suggestions presented by Philadelphia Indemnity Insurance Companies in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.

Parent/ Guardian Signature: _____ DATE: _____

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