



RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in Common Ground Christian Church Ministry Events, on the following date(s) from January 1, 2026 to April 1, 2027 and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Common Ground Christian Church and its owners, directors, officers, employees, agents, volunteers, participants, insurers, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that Common Ground Christian Church Ministry Events involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage, medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe the event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of the equipment or facilities. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, that I have waived my right to maintain a lawsuit against the Releasees.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and I agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and agree to be bound by its terms.

Signature: _____ Print Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent Signature: _____ Print Name: _____ Date: _____

COMMON GROUND CHRISTIAN CHURCH

Emergency Medical Authorization

PURPOSE: to enable parents and guardians to authorize the provision of emergency treatment of children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student's Name: _____ Date of Birth: _____ Grade: _____

Address: _____ Home #: _____

Order

EMERGENCY PHONE NUMBERS

_____ Mother's Name _____ Cell # _____

_____ Mother's daytime place of work: _____ Number (ext.) _____

_____ Father's Name _____ Cell # _____

_____ Father's daytime place of work: _____ Number (ext.) _____

_____ Relative Name _____ Relationship _____ Number(s) _____

IMPORTANT MEDICAL INFORMATION: DO NOT LEAVE blank

ALLERGIES: No or Yes, LIST: _____ REACTION: _____ EPI PEN: No or Yes

If a FOOD Allergy, what food items MUST be AVOIDED: _____

ASTHMA: No or Yes LIST TRIGGERS: _____ INHALER: No or Yes NEBULIZER: No or Yes

DIABETES: No or Yes DATE DIAGNOSED: _____ MANAGEMENT: Inhaler or Insulin Pump

SIEZURES: No or Yes LAST SIEZURE: _____ TRIGGERS: _____ DIASTAT: No or Yes VNS: No or Yes

ADHD: No or Yes ADHD Medication: Med Name _____ Dose _____ Time Given _____

VISION ISSUES (circle): Nearsighted Farsighted Astigmatism Lazy Eye Legally Blind Other: _____

Does your child wear (circle): Glasses Contacts Hearing Issues: No or Yes **If Yes List** _____

Hearing Aid: No or Yes

OTHER MEDICAL CONDITIONS: No or Yes, LIST: _____

****PRESCRIPTION Medications to be given during event(s), MUST have a Doctor Order & Medication must be in original container & brought in by an ADULT, BEFORE a Chaperone can administer the medication****

PART I OR PART II MUST BE COMPLETED

PART I: To Grant Consent

Physician _____ Phone _____ / Dentist _____ Phone _____

Hospital _____ ER # _____ / Specialist _____ Phone _____

In the event reasonable[attempt to contact me at the numbers above have been unsuccessful, I HEREBY GIVE MY CONSENT FOR (1) administration of any treatment deemed necessary by above physician or above dentist or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

PART II: Refusal to Consent: **DO NOT COMPLETE PART II IF YOU COMPLETED PART I. I DO NOT GIVE MY CONSENT** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to TAKE NO ACTION OR TO _____

Signature of Parent/Guardian: _____ Date: _____