

Fuse Student Ministries
Minor Travel General Release and Hold Harmless Agreement

Participant's Name: _____ Address: _____
City: _____ Zip: _____ Home Phone: _____ Emergency Phone: _____
Contact: _____ Relationship to participant: _____
Specific activity: _____ (eg Incite, Pause, Sync, travel for services during 2013-2014)

I, _____, am the parent or legal guardian of the above-listed participant (a minor), who desires to participate in various programs, events, or activities operated or sponsored by Fuse Student Ministries, a joint ministry of Fellowship of Faith Lutheran Church, McHenry, IL, Prince of Peace Lutheran Church, Crystal Lake, IL, and Crosspoint Lutheran Church, Lakewood, IL. I understand and acknowledge that Fuse Student Ministries will not allow my child to participate in any activities without releasing the holding Fuse Student Ministries harmless from any liability arising out of participation in the activities. I have investigated the risk involved in my child's participation in the activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that my child may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death. I REQUEST THAT THE CHURCH ALLOW MY CHILD TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCHES, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCHES, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, RANDOM DEMANDS, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE CHILD PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE CHILD MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF. I acknowledge and agree that I have given my consent for my child to remain in the custody of the Fuse Student Ministries' representatives while participating in the activities whether on or off-site. This Agreement is binding on my child's, successors and personal representatives.

Initial _____

Medical Treatment Authorization and Power of Attorney

In the event my child suffers an injury or condition during his/her participation in the activities, including transportation to and from an activity, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me or my spouse have been unsuccessful, I hereby appoint Fuse Student Ministries Staff as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for my child concerning his/her personal care/medical treatment, hospitalization and health care. This power of attorney and delegation of authority will terminate when the agent is first able to contact me or my spouse.

Initial _____

Media Release

Regarding photographs of my child taken at any Fuse Student Ministries' events, I give Fuse Student Ministries permission to do the following for nonprofit use and without charge: use at the discretion of Fuse Student Ministries, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Fuse Student Ministries non-profit publication, display on the Fuse Student Ministries website, or use quotes and video clips on the website or online social media.

Initial _____

The undersigned agrees to the above initialed sections and this agreement is binding on my heirs, successors and personal representatives.

(Print Full Name) Parent or Legal Guardian

Signature

Date