

CHAPEL HILL PRESBYTERIAN CHURCH
ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT for STUDENTS
Student Ministry Program Year Activities June 1, 2020-June 30, 2021

Description of the Activities (the "Activities") may include, but not be limited to, ministry meetings/activities, and other sports/strenuous physical activities. Off-site activities may include swimming, boating, hiking, camping, bike riding, canoeing, kayaking, and other outdoor activities. International mission trips may include travel via various modes of transportation including air travel, truck and/or van, walking, construction work, and other ministry work in physically and emotionally demanding settings. Activities may include close contact with others, and require adherence to COVID personal protection procedures.

Personal Information:

Name of Participant _____
Date of Birth _____ Name of Parent/Legal Guardian _____
Address _____ City _____ State ____ Zip _____
Student Phone _____ Parent Phone _____
Student Email _____ Parent Email _____
Emergency Contact Name _____ Phone Number _____

Medical Information:

Relevant medical conditions, allergies, etc.

Primary care doctor _____ Phone Number _____
Insurance Company _____ Group Name/Number _____
Member Name _____
Member Name _____ Member ID Number _____
Insurance Phone Number _____

In consideration of Chapel Hill Presbyterian Church (the "Church") allowing my son or daughter (the "Participant") to participate in the Activities that are sponsored, hosted by, or otherwise related to the Church, I agree as follows:

1. Authority. I am the parent or legal guardian of the Participant and have authority to enter into this Agreement. I represent that: a) I have authority to enter into this Agreement on behalf of anyone else who has legal rights regarding the Participant; or b) everyone else with legal rights regarding the Participant has signed this release.
2. Voluntary participation. I agree that the Participant's involvement in the Activities is voluntary.
3. Publicity Release. I grant Church permission to record, use, reproduce, and publicly display pictures, video, or audio of the Participant's involvement in the Activities.
4. Risk of serious injury or death. I understand that the Activities involve risks that may result in serious injury or death to the Participant. These risks include, but are not limited to, strenuous physical activities, camp and mission trip risks such as exposure to diseases, wild animals, drowning, falls or other accidents, and lack of available medical care. I voluntarily assume all such risks.
5. COVID-19 Assumption of Risk. I understand that COVID-19 is a dangerous respiratory illness that can result in permanent disability or death. Although the Church has put in place measures to reduce the risk of transmission, I understand that there are no guarantees that the Participant and my family will not contract or transmit COVID-19 through participation in the Activities. I voluntarily assume all such risks.

6. COVID-19 Community Commitment. I will follow all directives from Chapel Hill staff and volunteers regarding screening, mask use, social distancing, and other procedures intended to reduce the risk of COVID-19 transmission. I will encourage the Participant to do the same. I understand that these procedures may change. If the Participant tests positive for COVID-19 or is recommended to quarantine due to exposure to someone positive for COVID-19, I will notify Chapel Hill immediately and participate in all contact tracing efforts by Chapel Hill or health authorities. I will help foster an environment free of shame and judgment so that others are more willing to come forward for contact tracing for the welfare of the Chapel Hill community.
7. No Duty to Act on Conditions Specific to Participant. I understand and agree that the Church is not qualified to provide medical evaluation or treatment and that the number of participants limits the ability of the Church to provide special care or attention to an individual Participant. Therefore, I understand and agree that the Church has no duty to utilize the information above regarding medical conditions or other limitations faced by the Participant.
8. Authorization to Engage Medical Treatment. I grant permission for the Church to authorize medical treatment for the Participant, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in the Church's sole and absolute judgment, the Participant becomes ill, sustains an injury, or otherwise requires medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform such medical treatment as such person determines necessary for the relief of pain or to preserve the Participant's life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on behalf of the Participant and will fully and immediately reimburse the Church for any of these expenses that the Church, in its sole and absolute discretion, chooses to advance. I understand that during international mission trips, access to medical care in an emergency may be limited and that health standards and conditions may be below what I am used to in the United States.
9. Coverage of Medical Expenses. I understand that Church does not provide insurance coverage for any death, injuries, or medical expenses sustained by the Participant, other than limited accident coverage (in some cases) as described below in this paragraph 9. Therefore, I agree that the Participant has the necessary and appropriate medical, disability, and life insurance coverage to protect him or her and his or her survivors in the event of injury or death to the Participant. From time to time the Church may provide a no-fault accident policy that provides secondary coverage for medical expenses arising out of an accident during Activities (with the Participant's medical insurance being the primary coverage). But I understand that such coverage, if available at all, is limited in amount, is secondary to any medical coverage for the Participant, does not cover all activities, and may not cover the Participant at all. Therefore, in signing this release, I am not relying on any promise of accident coverage by the church and assume such coverage does not exist.
10. Coverage of International Medical Expenses. I understand that the Church does not provide insurance coverage for any death, injuries, or medical expenses sustained except for trip/travel medical insurance, if purchased for participants for the duration of the trip. I understand that the provided trip/travel medical insurance, if purchased, may not fully cover all expenses in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip. Therefore, I agree that I have the necessary and appropriate medical, disability, and life insurance coverage to protect myself and my survivors in the event of injury or death.
11. Release of Claims. **I release and agree to indemnify the Church (and any co-sponsors, hosts, or related organizations), their officers, directors, employees, agents, and volunteers (collectively, "Released Parties"), from all claims and liabilities of any kind, known or unknown, including, but not limited to, claims based on the negligence of Released Parties (either individually or collectively), related to or arising, directly or indirectly, from my child/youth/student's (the Participant) participation in the Activities, including travel to and from the Activities. This release is binding on me and my personal representative and heirs. I have carefully read this document and understand what it says.**

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date