

8031 Salem Bible Church Rd. Macungie, PA 18062 610-966-5822 *salem-bible.org* 

## 2024-25 SBC Bible Club Consent and Release

Child's Name	Birthdate	Age	Grade	_
Address				_
Parent(s)				-
Primary emergency contact	person & phone			_
Alternative emergency conta	act person & phone			-
Physician's name		Phone		_
Insurance company				_
Insurance policy number				<del></del>
Known allergies & type of re	eaction			
Plan of action in event of exp	oosure/allergic reaction			_
Long-term medications				_
5 1	n to participate in the (the "M in several activities, including	2		
Activities I do not want my c	child to be involved in are:			_
I hereby authorize the Min	 istry staff or volunteers, and/	or emergency ar	 nd medical pers	- onnel to make

I hereby authorize the Ministry staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child and for my child to be treated for such medical emergency.

I also authorize the Ministry, its representatives, contractors, employees, and volunteers acting on behalf of the Ministry, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the Ministry's website, social media pages, blogs, or in other official Ministry printed or electronic publications without further consideration. I understand that should photographs or videos of me or my child(ren) be used on the Ministry-owned or operated websites or webpages, they may be available for download.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MY CHILD MAY ENCOUNTER AT THE BIBLE CLUB ACTIVITIES SPONSORED BY THE MINISTRY.



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In consideration of my child being permitted to participate in the event(s) described above and other valuable considerations the receipt of which is acknowledged, I HEREBY AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS the Ministry and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages, INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS, and including without limitation, interest, penalties, court costs, attorney's fees and expenses resulting from or on account of injury to my child, myself, or my property in connection with any event anticipated by this form. I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I EXPRESSLY AGREE that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Pennsylvania and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I ALSO AGREE that any controversy or claim, by or through me, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

**I FURTHER STATE** that I have carefully read the foregoing consent and release and know the contents thereof and I sign this document as my own free act. This is a legally binding agreement which I have read and understand.

Parent Print Name	DateEmail
Address	Telephone
Signature	