

Pleasant Hill Worship Center
32 Hilltop Rd Elkton, MD 21921
CONSENT & RELEASE FORM

I the undersigned parent or legal guardian, hereby consent to my child,

_____ to participate in **Summer Fest** an event sponsored by **Pleasant Hill Worship Center Church, Inc.** on the **week of August 1-8, 2010** I certify that my child is able to participate in these activities including **any & all**. If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached I hereby authorize _____ (an adult sponsor) to make an emergency medical decision(s) for my child. If there are any activities I do not want my child to participate in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold **PLEASANT HILL WORSHIP CENTER Church, Inc.** and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State(s) of Maryland/ and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I further state that **I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AND CONSENT AS MY OWN FREE ACT.**

This is a legally binding agreement which I have read and understand.

Parent or Legal Guardian

Date

Medical Conditions to be aware of:

Telephone #: _____ Cell#: _____

I do not wish my child to participate in: _____