

THREE BRIDGES REFORMED CHURCH CHILDREN'S MINISTRY
470 Main Street, Three Bridges, NJ 08887 Phone: 908-788-3022

Hold Harmless & Photography Release

PARENT/GUARDIAN NAME(S): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone #1 _____ Cell Phone #2 _____

NAME OF CHILD(REN): _____

Email Address: _____

AUTHORIZATION: I am a parent or legal guardian of the children named on this form (collectively, "children"), and having legal authority and custody of such children, I hereby give my authorization and consent for such children to participate in Children's Ministry programming at Three Bridges Reformed Church (TBRC).

RELEASE & INDEMNITY: I understand that there are inherent risks involved in any program. On behalf of the children and myself, I hereby waive, release and discharge TBRC, its members, officers, employees, agents and volunteers from any and all claims liabilities and costs, including but not limited to, any injury, loss, or damage to person or property that may occur during the course of the children's involvement with Children's Ministry at TBRC. I agree to indemnify, defend and hold harmless TBRC, and its members, officers, employees, agents and volunteers, from any and all claims, liabilities and costs asserted by or on behalf of me or the children or any of our legal representatives, parents or heirs, within the scope of the release.

MEDICAL & DENTAL: I represent that none of the children has any health-related problems or concerns that would preclude or restrict participation in the programming. In the event that any of my children are injured while attending TBRC programs and requires the attention of a physician, dentist, or other medical personnel, I consent to any reasonable treatment as deemed necessary by such physician, dentist or other medical personnel. In the event treatment is required which a dentist, physician, and/or hospital personnel refuses to administer without my consent, I hereby authorize any staff member of TBRC, or another adult leader designated by the staff, to give consent for me, and I agree to hold such person and TBRC free and harmless of any claims, demands or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician, dentist or other medical personnel. I also acknowledge that I will ultimately be responsible for the cost of any medical or dental care should the cost of that medical or dental care not be reimbursed by the insurance provider.

IMAGE RELEASE: I authorize and permit the children named above to be included in photographs and videos that may be used for display by TBRC in informational and promotional publications, including the TBRC website. I understand that no reference to the name of the children will be made alongside such images without my consent and that I will not receive compensation for the use of these images.

BEHAVIOR EXPECTATIONS: I understand that TBRC Children's Ministry expects all participants to behave in an respectful manner towards the adults in leadership, their peers and the property of this congregation. Children who choose to act disrespectfully will receive a warning; followed by conversations with his or her parents/guardians should the behavior continue. In the event that this disrespectful behavior does not desist, I understand that the child's parents/guardians will be requested to accompany the child during Children's Ministry programming or asked not to attend for an agreed upon time period.

Custodial Arrangements: In order for TBRC to best serve my children, I agree to inform the Children's Ministry Staff in writing of all custodial arrangement that impact my children's participation in TBRC Children's Ministry.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____