



**General Release and Hold Harmless Agreement**

I, \_\_\_\_\_, am the parent or legal guardian of

\_\_\_\_\_  
*(List all Children's First and Last Names)*

who desire to participate in Vacation Bible School during the date(s) of August 8-12, 2022 operated or sponsored by the Nobleford CRC.

I understand and acknowledge that the Nobleford CRC will not allow minor(s) to participate in the above activities without releasing and holding the Nobleford CRC harmless from liability arising out of participation in the activities. I have investigated the risks involved in the minor(s) participation in the activities and fully understand and assume such risks on his or her behalf.

I REQUEST THAT THE NOBLEFORD CRC ALLOW THE MINOR(S) TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE NOBLEFORD CRC, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE NOBLEFORD CRC FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR(S) PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR(S) MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF. IN THE EVENT THE MINOR(S) SUFFERS AN INJURY OR CONDITION DURING HIS OR HER PARTICIPATION IN THE ABOVE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITY, I HEREBY APPOINT THE NOBLEFORD CRC AS MY AGENT TO ACT FOR ME AND IN MY NAME IF I CAN'T BE CONTACTED, TO MAKE ANY DECISIONS FOR THE MINOR(S) CONCERNING HIS OR HER PERSONAL CARE, MEDICAL TREATMENT, HOSPITALISATION AND HEALTH CARE.

I further acknowledge and agree that I have given my consent for the minor(s) to participate in the activities and to remain in the custody of the Nobleford CRC representatives while participating in the activities.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_