PARTICIPANT/ PARENT/ GUARDIAN WAIVER AND INDEMNITY AGREEMENT
HOLD-HARMLESS AGREEMENT
HARVEST RIDGE ASSEMBLY OF GOD
35600 LORAIN AVE. NORTH RIDGEVILLE, OH 44039

Name of Participant:
Address:
Phone: ( )_____
Name of Emergency Contact:
Daytime Phone: Home Phone
Is Youth Pastor authorized to approve medical treatment? _____ Yes _____ No
Is participant covered by personal/family medical insurance? _____ Yes _____ No
If yes, name of insurer:
Policy or group number:
Please note if there are any allergies, physical impairments, or medications that would need to be taken by the participant _____.

Program/Activity: ____**2018 Catalyst events** _____

In consideration of you accepting me or my child for participation in the above named program , activity and/or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against Harvest Ridge Assembly of God and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity and/or sport sponsored by Harvest Ridge Assembly of God.

I warrant that I have the right to authorize and foregoing and do hereby agree to hold Harvest Ridge Assembly of God harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against Harvest Ridge Assembly of God for damages arising out of the above named program, activity, and/or sport, I will personally indemnify, defend, and hold harmless Harvest Ridge Assembly of God and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

SIGNATURE(S):

Participant: _____
(IF PARTICIPANT IS NOT A MINOR)

Parent: _____
(IF PARTICIPANT IS A MINOR)

Guardian: _____
(IF PARTICIPANT IS A MINOR)

_____ _____ _____ _____ _____ _____
(DATE) (DATE) (DATE) (DATE) (DATE) (DATE)