

WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Summer 2008

IN CONSIDERATION of my child, _____ being permitted to participate in the field trips during the Summer of 2008 which are listed on Attachment "A" hereto (hereinafter collectively referred to as the "Youth Group Field Trips") with Jaime Brewington and any other adult involved in planning or participating in the trips (the "Youth Group Leaders") and Northwest Presbyterian Church ("Northwest"):

1. I give my express permission for my child to participate fully in the Youth Group Field Trips.
2. I assume all risks of my child's participation in the Youth Group Field Trips, including any risk associated with any special medical needs or conditions of my child*.
3. I, _____ (print name of Parent/Guardian), for myself, my child, my child's heirs, personal representatives, and assigns, hereby release, discharge and agree to hold harmless the Youth Group Leaders and Northwest from all liability, loss, claims, demands and possible causes of action that may accrue from any loss, damage or injury to person or property in any way resulting from or arising in connection with or related to my child's participation in the Youth Group Field Trips.

It is fully understood that this means that the Youth Group Leaders and Northwest cannot be sued if any personal injury is suffered by my child during the Youth Group Field Trips or if any property is damaged, lost, or stolen while the my child is on the Youth Group Field Trips, except to the extent that such injury to person and/or loss of or damage to property results from a grossly negligent, intentional or malicious action, failure to act or omission by the Youth Group Leaders or Northwest.

4. Furthermore, I, on behalf of my child, as well as for myself hereby undertake to indemnify the Youth Group Leaders and Northwest against any and all liability, loss or damage for which the Youth Group Leaders or Northwest may be found liable as a result of claims, demands or judgments against the them or any of them arising from any act or failure to act on the part of my child during the course of the Youth Group Field Trips.

It is fully understood that this means that if my child causes injury to another person or damages another person's property while on the Youth Group Field Trips, and the Youth Group Leaders or Northwest have to pay an amount to that person, the indemnitees hereunder can recover the amount paid from the Parent/Guardian.

5. While the Youth Group Leaders will make every reasonable effort under the circumstances to contact the Parent/Guardian in the event my child faces a medical emergency, Parent/Guardian hereby authorizes each of the adult Youth Group Leaders to secure medical treatment by medical professionals, at my expense, for any injury or illness suffered by my child, as may be necessary to stabilize my child and to minimize additional injury or affects of illness during whatever time on the Youth Group Field Trips it takes to contact Parent/Guardian for further instructions.

*NOTE: Special medical needs or conditions of my child include _____.

I have made appropriate arrangements regarding such medical needs or conditions.

I HEREBY DECLARE THAT I HAVE READ THIS RELEASE AND INDEMNITY AGREEMENT AND ACCEPT THE SAME IN FULL ON BEHALF OF MYSELF, MY SPOUSE, MY CHILD, MY CHILD'S HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.

This Agreement is made as of this _____ day of _____, 2008.

Signature of Parent/Guardian _____

Attachment "A"
Youth Group Field Trips
Summer 2008

Trips covered in this agreement are:

- Pool Party at Chastain June 1 and July 24
- Events through the summer on the campus of Northwest Presbyterian Church
- Whirlyball on June 10
- Tree Climbing on June 14
- Matinee Movie Day on June 17
- Senior High Mission Trip from June 22-28
- Middle School Mission Trip from July 13-19
- Vacation Bible School Activities on July 21-25
- Braves Game on July 30
- Laser Tag on August 5
- White Water Rafting on August 9
- 6th Grade Initiation Event on August 10

EMERGENCY CONTACTS AND MEDICAL INFORMATION

Child: _____

Date of Birth: _____

Address: _____

Parent/Guardian: _____

Parent/Guardian Home Telephone Nos.: _____

Parent/Guardian Cell Phone Nos. _____

Emergency Contact/ Telephone Nos. _____

Pediatrician and Telephone No. _____

Allergies: _____

Current Medications: _____

Health Insurance Co./ Policy Number _____

Health Insurance Co. Phone Number _____