



LIABILITY RELEASE FORM – MINOR

Initial Here: _____ 1

Please use this form if participant is 18 years old or younger. If over 18 years old, please fill out **Liability Release Form—Adult**

Name of Minor _____ Birthdate _____ / _____ / _____
Last First Middle Initial

Address _____
Number and Street City and State Zip

Father _____ Phone (H): _____ (W) _____ (C) _____

Mother _____ Phone (H): _____ (W) _____ (C) _____

Legal Guardian _____ Phone (H): _____ (W) _____ (C) _____

In Emergency, notify: _____ Phone: _____

Doctor: _____ Phone: _____

Please comment on any current physical, mental, psychological or medical conditions or contiguous diseases requiring medication, treatment, or special consideration Minor will need while at PVBCC: _____

Any restrictions on Activities? Yes No

Please explain if answer was yes: _____

Pine Valley Bible Conference Association, Inc. (dba Pine Valley Bible Conference Center or “PVBCC”)’s insurance is no substitute for medical insurance. If Minor has medical insurance, the insurance carrier will be billed for medical charges in the case of illness or injury while the Minor is on a PVBCC-related activity.

Does Minor have medical insurance? Yes No Insurance Company _____

Policy No. _____

AUTHORIZATION AND LIABILITY RELEASE AGREEMENT

I, the undersigned, represent and acknowledge that I am the parent or legal guardian of the minor named on this form (“Minor”), and that I am authorized on behalf of myself, Minor and our heirs, assigns and next of kin, to hereby enter into this authorization and liability release agreement (“Agreement”), in order for and IN CONSIDERATION OF Minor being able to participate in any PVBCC-related activities (“Activities”) of PVBCC. Activities include, but are not limited to, those occurring at PVBCC facilities, off-site trips, camping, beach events, swimming, sports, games, laser tag, bowling, eating, religious activities, strenuous physical activity, physical contact with other participants, basketball, paint ball, climbing, ropes course, giant swing, night games, disc golf, camping, walking, hiking, lifting, arrow tag, dirt scooters, volleyball, and other seasonally related sports/games and activities, and transportation to and from each activity.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in the Activities involves risk to the Minor and may result in various types of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. **ON BEHALF OF THE MINOR, I VOLUNTARILY ASSUME ALL SUCH RISKS, INCLUDING RISKS KNOWN AND UNKNOWN, OF INJURIES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF PVBCC AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, MEMBERS, AND OTHER REPRESENTATIVES (“RELEASEES”) TO THE FULLEST EXTENT OF THE LAW.**

(Continue on Reverse)



I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Releasees, from any and all liability, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to Minor or to members of my family, household, or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the Activities, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**.

SCOPE: I further acknowledge and accept that this Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of the Agreement is deemed to be invalid, the remainder will continue in full legal force and effect.

EMERGENCY AUTHORIZATION:

I hereby authorize PVBCC and its agents, employees, and volunteers, and the above identified emergency contact to consent to medical, surgical or dental examination and/or treatment, including, but not limited to, X-ray examination, anesthesia, injections, and hospitalization as deemed necessary. I authorize PVBCC and its agents, employees, and volunteers to give the Minor the following over-the-counter medications, and any other prescribed medication, as directed by the labels provided by the manufacturer: Analgesics (such as ibuprofen or acetaminophen), antihistamines (such as Sudafed, Benadryl), antibiotic ointment, hydrocortisone cream (such as Cortaid), electrolyte replacement fluids, antiseptic skin and wound cleansers, analgesic balms or gels, and sunscreens. **I do not consent to the following medications being administered to Minor (if applicable):**

_____.

PHOTO/VIDEO CONSENT AND RELEASE:

I hereby assign and grant Releasees the right and permission to use, display, and publish photographs, video, electronic representations, and sound recordings made of Minor during Activities, and I hereby RELEASE Releasees from any and all liability from such use and publication. I specifically WAIVE all rights to compensation and approval for any of the foregoing.

CONSENT TO DISCLOSURE OF MEDICAL CONDITION:

To provide Minor proper care and supervision, and to ensure the health and safety of the youth and staff of PVBCC, it will occasionally be necessary to disclose Minor’s medical condition to those who have a need to know in order to take proper precautions and/or provide treatment. By signing this form, I consent to disclosure of Minor’s medical condition to PVBCC employees, volunteers, officers, directors, and agents, as well as to third parties who may be affected or have a reasonable basis to know, including, but not limited to, parents, children, medical providers, first responders, participants, hosts, facilities managers, and those with whom contact with Minor is foreseeable.

RESPONSIBILITY TO KEEP PVBCC INFORMED:

If any of the information I have provided on this form changes, I agree to promptly inform PVBCC of such changes, and sufficiently in advance for PVBCC to be aware of such changes and reasonably take any action necessary prior to Minor’s participation in any Activities. **I also agree to immediately inform PVBCC if Minor is or has been exposed to any communicable diseases prior to participating in any Activities.**

I REPRESENT THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE, ESPECIALLY REGARDING MINOR’S MEDICAL CONDITION AND ACTIVITY RESTRICTIONS. I HAVE READ ALL OF THE FOREGOING, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF MINOR AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Parent/Legal Guardian

Date

Print Full Name: _____

Print Minor’s Full Name: _____

Relationship to Minor: _____