

Name of Organization or participating Group: HOUSE CHURCH MINISTRIES

**VOLUNTARY MEDICAL AND CAMP ACTIVITY RELEASE AND HOLD HARMLESS DOCUMENT USED FOR
FAMILY & OTHER EVENTS AT Union Gospel Mission Camp**

THE UNDERSIGNED, BEING OF FULL LEGAL AGE TO TAKE RESPONSIBILITY FOR MYSELF AND FOR THOSE WHO ARE LEGALLY UNDER MY CARE AND SUPERVISION.

I hereby CHOOSE to participate in the ACTIVITIES at Union Gospel Mission Camp and to take responsibility for myself and for all members of my family attending Union Gospel Mission Camp. I understand the risks involved in the activities and agree to release and hold harmless and indemnify HOUSE CHURCH MINISTRIES (name of organization or participating group), the Union Gospel Mission, Union Gospel Mission Camp, their officers and directors & employees from any and all injuries, physical or mental, claims, disputes, liabilities or actions which might occur as a result of my decision to participate, except for those incidents caused as the result of the sole negligence of UGM Camp. I attest and verify that I understand the risks and dangers involved: that I assume such risks and that I will pay the medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses.

I assume full responsibility for myself and my dependents for bodily injury, death, loss of personal property, and expenses thereof, because of my negligence, or other risks, known or unknown, including, but not limited to those caused by the activities at UGM Camp, the equipment, the terrain, the weather, my athletic and physical conditions, and other participants. I agree that if I do sustain any physical injury or mental damage of any nature because of my decision to participate, I agree to hold harmless, and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns. I acknowledge that I have read completely, and fully understand all aspects of this release form; been given the opportunity to ask questions and that by signing below, agree to its terms in their entirety.

I also authorize the leadership of HOUSE CHURCH MINISTRIES (name of organization or participating group), into whose care I and any who are legally under my care and supervision may be entrusted if I am incapacitated, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to me or my dependents upon advice of a physician or surgeon licensed under the provisions of the State Medical Practice Act.

In case of serious sickness or accident, in which I am incapacitated), I consent to myself or my dependents being taken to a hospital or emergency clinic or skilled medical treatment facility to receive professional medical care.

I have read and voluntarily sign this RELEASE AND WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from this agreement have been made.

SIGNATURE _____ DATE _____

PRINTED NAME: _____ PHONE: _____

SIGNATURE OF SPOUSE _____ DATE _____

PRINTED NAME: _____ PHONE: _____

CHILDREN OR DEPENDENT MINORS COVERED BY THIS HOLD HARMLESS AGREEMENT (give names, date of birth, relationship to you):

PLEASE PROVIDE TWO EMERGENCY CONTACTS IF NEEDED:

NAME: _____ Home Phone _____ Work or Cell phone _____

NAME: _____ Home Phone _____ Work or Cell phone _____