

Effective dates 10/1/21 – 6/30/22

In signing this document, I agree as follows:

1) I am the parent or legal guardian of the children listed in ROCK and listed directly below: MINORS APPROVED TO PARTICIPATE:

First Name:	Last Name:
First Name:	Last Name:

- 2) I will release, hold harmless, and indemnify COTR, its directors, officers, employees, volunteers, and agents from any and all liability for any harm to the child(ren) which results directly or indirectly from participation in the ministries of COTR or from negligence.
- 3) If the Minor is injured while participating in the program and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold the Church harmless from any liability which may be assessed against the Church as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.
- 4) I hereby irrevocably authorize COTR, its agents, employees, and assigns (collectively referred to as "the organization") to use and reproduce audio and/or video recording and representation of me and/or my children which the organization has obtained. I hereby release COTR from any liability or obligation to compensate me for the use of any of these materials and acknowledge that such photographs, recordings, video and audio representations of me and/or my children are the exclusive property of COTR. I understand that these images may be used for Church on the Rock promotional materials, television and/or internet broadcasts, and for use with other Church on the Rock promotions and/or advertisements.
- 5) This release is binding upon me, my heirs, and the child(ren).

Print Guardian Name: ______ Guardian Signature: _____ Guardian Address: _____ Date: _____ Emergency Contact Name and Phone Number: