Telephone. 702 361 1579 / Fax. 702 459 4019 / Email. info@thechurchlv.com

THE CHURCH
AT SOUTH LAS VEGAS

Minor's Release of Claims and Hold Harmless Agreement

Activity: SEVEN YOUTH TRANSPORTATION
Pickup Location: DESERT OASIS HIGH SCHOOL (Front Entrance)
Drop-off Location: DESERT OASIS HIGH SCHOOL (Front Entrance)
Pickup Time: **6:00PM** SHARP
Drop-off Time: **9:00PM** SHARP

I, _____, hereby affirm and agree that I am the parent or legal guardian of _____, a minor ("Minor"); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of Seven Youth Transportation prior to signing this release.

I agree, individually and on behalf of Minor, to release and to hold harmless The Church At South Las Vegas, Seven Youth, its agents, officers, directors, and employees (collectively referred to as "the Church") from liability of any kind, for Minor's injury, death, or damage to or loss of Minor's personal property, resulting directly or indirectly from his/her participation in Seven Youth or from the Church's negligence. I personally assume all risks and liabilities in connection with Minor's participation in Seven Youth Transportation and agree to indemnify the Church from any liability assessed against the Church as a direct or indirect result of Minor's participation in Seven Youth Transportation, whether foreseen or unforeseen.

In the event that Minor is injured during Seven Youth Transportation, 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.

_____ _____ _____
PARENT/ GUARDIAN NAME (PRINT) PARENT/ GUARDIAN SIGNATURE DATE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

_____ _____ _____
EMERGENCY CONTACT NAME EMERGENCY PHONE RELATION

3051 W. Horizon Ridge Parkway / Henderson / Nevada / 89052

\mailing address\

www.thechurchlv.com