

**Cowboy Church of Ellis County
2374 Highway 287 Bypass West
Waxahachie, Texas 75167**

PARENTAL AUTHORIZATION AND RELEASE FORM

The undersigned person ("Guardian"), being the parent, legal guardian, or other person authorized by law to enter into this Authorization and Release, on behalf of _____ ("Participant"), a minor aged 17 or younger, enters into this agreement on behalf of the Participant. Guardian and Participant desire that Participant participate in one or more events and activities sponsored, organized, sanctioned, and/or held at facilities provided by the Cowboy Church of Ellis County ("CCEC").

Guardian hereby gives permission for Participant to engage in one or more activities (as set forth below) sponsored, organized, sanctioned, and/or held at facilities provided by the CCEC. The CCEC is authorized to provide transportation to the Participant for purposes of the activity or activities. Guardian, individually and on behalf of Participant, VOLUNTARILY ELECTS TO ACCEPT ALL RISKS connected with Participant's participation in any activities or events sponsored, organized, sanctioned, and/or held at facilities provided by the CCEC.

Guardian, individually and on behalf of Participant, RELEASES, DISCHARGES AND COVENANTS NOT TO SUE the CCEC, its officers, directors, agents, and employees (all hereinafter collectively referred to as the "Released Parties") from any and all claims and liability arising out of strict liability or ordinary negligence of the Released Parties or any other participant which causes Participant or Guardian personal injury, death, or property damage. **GUARDIAN, INDIVIDUALLY AND ON BEHALF PARTICIPANT COVENANTS TO HOLD THE RELEASED PARTIES HARMLESS AND TO INDEMNIFY RELEASED PARTIES FROM ALL CLAIMS, JUDGMENTS, AND/OR EXPENSES THE RELEASED PARTIES MAY INCUR ARISING OUT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES AND EVENTS THAT ARE SPONSORED, ORGANIZED, SANCTIONED, AND/OR HELD AT FACILITIES PROVIDED BY THE CCEC. GUARDIAN'S INDEMNITY OBLIGATION EXTENDS TO ACTS AND OMISSIONS CAUSED BY THE SOLE AND CONCURRENT NEGLIGENCE OF THE CCEC.**

Guardian acknowledges that if Participant does not adhere to the activity rules during the activity, Guardian will be notified and requested to pick up the Participant.

Guardian hereby gives the representatives of CCEC permission to seek first aid treatment and to consent to emergency medical services on behalf of the Participant should a medical emergency arise. Guardian acknowledges that the CCEC's consent to emergency medical treatment will in no way create an obligation on the part of CCEC to pay for the medical services rendered. Guardian further acknowledges that he/she has disclosed all information concerning the Participant's allergies to medications, medications presently taking, and health insurance in the spaces below:

PARTICIPANT'S PERSONAL INFORMATION:

NAME OF YOUTH: _____ **AGE:** _____ **DOB:** _____

ADDRESS: _____ **CITY/ZIP:** _____ **ST:** _____

ALLERGIES TO MEDICATIONS: _____

MEDICATIONS PRESENTLY TAKING: _____

NAME OF HEALTH INSURANCE CARRIER: _____

HEALTH INSURANCE POLICY/TELEPHONE NUMBERS: _____

NOTE: THE FOLLOWING SIGNATURE IS FOR THIS ONE OUTING ONLY AND A SEPARATE PERMISSION SLIP WILL BE REQUIRED FOR FURTHER OUTINGS.

PARENT/GUARDIAN: _____ **DATE:** _____

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

EMERGENCY CONTACT IF UNABLE TO CONTACT PARENT/GUARDIAN – NAME/NUMBER:

NOTE: THE FOLLOWING SIGNATURE IS GOOD FROM JANUARY 1 – DECEMBER 31, 201__ FOR ALL ACTIVITIES SCHEDULED, SUBSEQUENT TO PARENTAL APPROVAL PRIOR TO EACH ACTIVITY.

PARENT/GUARDIAN: _____ **DATE:** _____

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

EMERGENCY CONTACT IF UNABLE TO CONTACT PARENT/GUARDIAN – NAME/NUMBER:
