

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, desire to participate in NYA camping trip and activities including but not limited to boat operated water sports (hereinafter collectively referred to as the "Activities") operated by boat drivers (hereinafter collectively referred to as the "Boat Drivers") and sponsored by Northview Community Church (hereinafter referred to as the "Church"). I understand and acknowledge that the Church and the Boat Drivers will not allow me to participate in the Activities without releasing and holding the Church and the Boat Drivers harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction, and even death.

I REQUEST THAT THE CHURCH ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH (INCLUDING THE BOAT DRIVERS), FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

This Agreement is binding on my heirs, successors, and personal representatives.

Dated: _____ Signed: _____

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event I suffer an injury or condition during my participation in the Activities, including transportation to and from the Activity, which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and as the result of which I am unable, in the opinion of _____ (team leader), to make an informed decision regarding such treatment, I hereby appoint _____ (team leader) my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment.

Dated: _____ Dated: _____

Signed: _____ Agent: _____

EMERGENCY CONTACT

Full Name: _____ Relation: _____

Phone #: _____