

EAGLE MOUNTAIN INTERNATIONAL CHURCH, INC. aka KENNETH COPELAND MINISTRIES  
(EMIC or KCM)

PARENT MEDICAL, ACTIVITY CONSENT AND LIABILITY RELEASE FORM

I, \_\_\_\_\_ am the parent or legal guardian of  
\_\_\_\_\_ who was born on \_\_\_\_\_.

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I consent to the examination or treatment of my child by a physician or any health care professional for medical care and services deemed necessary by EMIC or KCM, its agents, servants, and employees.

I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to EMIC or KCM that no permission or consent from any other person is required by law.

I agree to pay for the medical expenses incurred as a result of an emergency, for which I have been contacted and for which I have authorized.

Should the need for medical attention arise, EMIC or KCM will attempt to contact me as soon as practicable under the circumstances.

ACTIVITY CONSENT

As parent or legal guardian, I certify and affirm that I have been completely and thoroughly informed that as a youth attending EMIC or KCM, my child may participate in certain activities, both on and off the property of EMIC or KCM, which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to: 1) physical activities, both indoors and outdoors; 2) sports, both informal and organized; 3) use of recreational equipment; 4) field trips, both on and off campus; 5) travel by motor vehicle, aircraft, or watercraft; 6) activities around water, including swimming and boating; 7) hiking; 8) camping; and 9) mission trips.

I acknowledge and understand that EMIC or KCM may offer other activities not listed above that present similar risks or dangers to my child; that all activities may take place on and/or off of the property of EMIC or KCM.

I consent to my child's participation in these activities; acknowledge and understand that this agreement has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

I understand that while my child participates in any activity of EMIC or KCM my child is responsible and obligated to abide by the rules, regulations, and instructions issued, either in writing or verbally, by EMIC or KCM, its leaders, and supervisory personnel of whatsoever nature. EMIC or KCM reserves the right to dismiss any participant, including my child, from any activity when in the sole opinion of EMIC or KCM, the conduct of my child warrants such dismissal. In the event my child is dismissed from any activity, we hereby forfeit any claim for a refund from the sponsoring organization, I agree to accept financial responsibility for all costs incurred in sending my child home, and I agree to indemnify and hold EMIC or KCM, its agents, employees, and volunteer assistants harmless from any costs or expenses associated therewith.

LIABILITY RELEASE

I acknowledge and agree that EMIC or KCM shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death, or any other damages to my child, me, or my family, heirs, or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with the said activities, for any harm, injury, or damage that may befall my child, me, or my family, heirs, or assigns while engaged in such activities and I will indemnify EMIC or KCM against any claim arising hereunder.

I understand that these terms are contractual and not a mere recital; I have signed this document as my own free act. It is my intent by signing this document to exempt and release EMIC or KCM from all liability whatsoever.

I further acknowledge and agree that my signature on this form shall constitute a bar to any recovery by me, and I will indemnify EMIC or KCM from any claim by my child, family, heirs, or assigns in all suits and actions that may be instituted against EMIC or KCM, its agents, servants or employees.

I understand that it is my obligation to inform the management of EMIC or KCM, in writing, of any and all health considerations or medical conditions that would restrict my child's participation in any or all activities sponsored by EMIC or KCM.

I have fully informed myself of the contents of this form by reading it before I signed it.

Dated: \_\_\_\_\_, and valid until \_\_\_\_\_, or until revoked.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Home Telephone Number