

Nassau Presbyterian Church

Acknowledgment and Assumption of Risk and Release from Liability

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in will be participating in a **Backpacking Trip at Beyond Mailbu/Young Life** (hereafter the "activity") with **Nassau Presbyterian Church** on or about **July 23 to August 2, 2020**.

I hereby provide consent for the minor child to travel out of the country on the trip described above with Mark Edwards, Director of Youth Ministry, Nassau Presbyterian Church.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **Nassau Presbyterian Church** its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **Nassau Presbyterian Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

I hereby grant permission to **Nassau Presbyterian Church** to use my child's photo and/or voice recording on their website, multimedia, Facebook page, Youth Ministry Facebook group, or in other official organization publications. I also acknowledge that Nassau Presbyterian Church may choose not to use my child's photo/voice at this time, but may do so at its own discretion at a later date. I understand that the names and personal information of my child will not be published with photos or voice recordings.

Parent Signature: _____ Date: _____

Printed Name: _____

I hereby certify that the signatory of this Consent Letter personally appeared before me

_____, a Notary Public of _____ County
in the State of _____, the person whose signature appears above and with whom I am
personally acquainted or proved to me on the basis of satisfactory evidence and acknowledge that
he/she executed the instrument for the purposes therein contained.

Witness my hand and official seal this _____ day of _____, 20_____.

My Commission Expires: _____

(Notary Public Signature)