

**RELEASE. INDEMNITY AGREEMENT AND
AUTHORIZATION FOR MEDICAL TREATMENT**

In consideration of Jubilee Ministries accepting my child, _____, as a participant in the _____ activity, I/We hereby, on behalf of ourselves and our child, release Jubilee Ministries, its staff and sponsors from any and all responsibility and liability for any losses, damages, costs, claims and expenses due to any injury, illness or death sustained or suffered by our child as well as any damages to which we may be derivatively entitled and resulting directly or indirectly from the forgoing activity and the acts of Jubilee Ministries, its staff and sponsors. We do further fully relieve and release, hold harmless and indemnify Jubilee Ministries, its staff and sponsors from and against any and all liabilities, losses, damages, costs, claims, expenses, including attorney's fee which may be occasioned or in any manner result from any and all injury, illness or death to our child of any and all kinds and character and arising directly or indirectly from the forgoing activity and caused in whole or in part by Jubilee Ministries, its staff or sponsors.

I/We do further authorize and give our consent to Jubilee Ministries, its staff and sponsors, in advance, to consent to ambulatory care, diagnostic testing, medical, dental or surgical examination, diagnosis, treatment and any required or necessary hospitalization and supervision by a physician, surgeon or dentist, in the event my child is injured during the course of the contemplated activity.

Our health insurance information is as follows:

Company: _____ Policy #: _____

SIGNATURE OF BOTH PARENTS REQUIRED.

Dated: _____

Father (If child is under 18 years of age)

Mother (If child is under 18 years of age)

Guardian (If applicable and child is under 18 years of age.)