

Harvest Community Church
ROUTE 56 Corn Maze and Overnight
General Release and Hold Harmless Agreement (For Minors)

I, _____, am the parent or legal guardian of _____ (the "Minor"), who desires to participate in an overnight operated or sponsored by Harvest Community Church, R.O.U.T.E. 56 on **Friday, October 7 – Saturday October 8**. Parents are responsible for transportation to and from Harvest; **6 p.m.** drop off and **9 a.m.** pick up at Harvest Community Church, Oak Creek, WI We will be going to Borzynski's Farm Corn Maze and then returning to Harvest for the evening. Transportation to the corn maze will be in private vehicles operated by the leadership. Wear comfortable clothes, including appropriate **dress for outdoor activities and sturdy, old shoes** that you don't mind getting muddy. Bring **sleeping bag, pillow, PJ's** and a **flashlight**. This is a sleep-over, not an all-nighter. Pizza, snacks, beverages, games, a movie, activities and breakfast will be provided. Do not bring any electronic equipment i.e. games/phones, etc.

Cost: \$10.00 + Permission Slip

I understand and acknowledge that Harvest Community Church will not allow the minor to participate without releasing and holding Harvest Community Church harmless from any liability arising out of participation. I have investigated the risks involved in the Minor's participation, and fully understand and assume such risks on his/her behalf. Specifically, I understand and acknowledge that the Minor 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 HARVEST COMMUNITY CHURCH ALLOW THE MINOR TO PARTICIPATE IN Corn maze and Overnight AND IN CONSIDERATION THEREOF AGREE HEREBY TO **RELEASE AND FOREVER DISCHARGE HARVEST COMMUNITY CHURCH, ITS ELDERS, OFFICERS, AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF HARVEST COMMUNITY CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY ACTIVITIES RELATING TO THE EVENT IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES RELATING TO THIS EVENT, REGARDLESS OF THE SPECIFIC CAUSE THEREOF, EXCEPT FOR INTENTIONAL MISCONDUCT.**

This Agreement is binding on the Minor's heirs, successors and personal representatives.

Dated: _____ Signed: _____
Parent/Guardian - On behalf of the Minor

Dated: _____ Signed: _____
Parent/Guardian -Individually

PLEASE TURN OVER AND FILL OUT OTHER SIDE ALSO – THANK YOU!

Harvest Community Church
Medical Release Form For Minor
ROUTE 56 Corn Maze/Overnight

Student Name: _____ **Birth date:** _____

Parent: Name _____

Address _____ City _____

State _____ Zip _____

Phone Number _____ Cell _____

Work _____

Alternate Contact Person:

Name _____

Address _____ City _____

State _____ Zip _____

Phone Number _____ Cell _____

Work _____

I hereby give permission for my child to be treated in case of a medical emergency under the supervision of the trip or event coordinator in case I cannot or the alternate contact cannot be reached, or if the emergency requires immediate and life-saving medical treatment or surgery.

Medical History

Medical issues to be aware of _____

Current medications and frequency _____

Allergies _____

Signature _____ Clearly Printed _____

PLEASE TURN OVER AND FILL OUT OTHER SIDE ALSO – THANK YOU!