

CrossPointe Community Church
36125 Glenwood
Wayne, MI 48184
734-721-7410

HOLD HARMLESS AGREEMENT

Participant/Parent or Legal Guardian Waiver and Indemnity Agreement

Program/Activity: NewYears Eve Eve Event

Participant _____ Date of Event December 30-31, 2011

Complete the appropriate one:

- I, _____ (participant), desire to participate in this event.
- (Name of Minor), _____ has my permission to participate in this event sponsored by CrossPointe Community Church.

I understand that there are inherent risks involved in any event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the individual named above while participating in the above-named event. In consideration of your accepting me or my child for participation in the above-named event, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages and any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in this event, that I may have against the above-named organization and its volunteer-Driver, Owner-Operator, pastors, employees, agents, volunteer workers, elders and representatives . I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released.

In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, agents, volunteer workers, elders and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the child's health insurances.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Signature of Participant (if participant is not a minor) Date _____

Signature of Parent or Legal Guardian (if participant is a minor) Date _____