DR. LARRY OLLISON, PASTOR
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WOW RELEASE FORM

Name of Minor _____ Age _____ Phone _____

Address, City, State, Zip _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Allergies _____ Medication _____

Minor's Release of Claims and Hold Harmless Agreement

I, _____ **(guardian)**, hereby affirm and agree that I am the parent or legal guardian of the above, a minor ("Minor"); that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release.

I agree, individually and on behalf of Minor, to release and to hold harmless Walk on the Water Faith Church, Inc., Larry Ollison Ministries, Inc., their agents, officers, directors and employees, Youth Leaders, Chaperones or Assistants liable for any accident, injury, or illness during this event. (collectively referred to as "the Ministry") from liability for Minor's injury, ***accident, illness***, death, or damage to or loss of Minor's personal property, resulting directly or indirectly from his/her participation in the Activity. I personally assume all risks and liabilities in connection with Minor's participation in the Activity and agree to indemnify the Ministry from any liability assessed against the Ministry as a direct or indirect result of Minor's participation in the Activity. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen.

In the event that Minor is injured during the Activity and I am unable to provide consent to his/her medical treatment, I authorize the Ministry to consent on my behalf to the performance of any and all medical treatment judged necessary by the Ministry, until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold the Ministry harmless from any liability which may be assessed against the Ministry as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment. ***I also understand that if my youth is covered by insurance, I am responsible for that insurance.***

As legal guardian, I hereby give permission for the above Minor to attend:

Guardian Signature _____ Date _____

Witness _____ Date _____