

Participant's Name: _____

Participant's Age: _____



Release and Waiver

My child/ward will be participating in activities of Daystar Counseling Ministries, Inc. ("Daystar") at my request, and in consideration of that, I am voluntarily agreeing to this release and waiver. "Activities" include, but are not limited to, individual sessions, group sessions, summer camps held away from the Daystar office, and transportation to and from those activities.

In the event my child/ward is injured at an activity and requires medical treatment, I give permission to any adult leader (age 18 or older) to authorize such medical treatment as he or she determines appropriate in consultation with medical professionals, and I agree to be financially responsible for such medical treatment. I represent that my health insurance will cover any medical and hospital expenses that I or my child/ward may incur as a result of injury or sickness at the activities or while in transit to or from the activities.

Likewise, I assume full responsibility for the risk of injury to my child/ward or to property involved in any activity, including transportation to and from the site of the activities, and waive any and all specific notice of the existence of risks involved in the activities. I hereby release Daystar and any of its officers, directors, employees, agents and volunteers from all claims for personal injury, wrongful death, or property damage suffered by me or my child/ward during or while in transit to or from the activities. I recognize that certain hazards and dangers are inherent in Daystar's activities and programs, and I acknowledge that Daystar cannot ensure or guarantee that the equipment, premises and/or activities will be free of hazards; nor can Daystar insure against injuries or accidents caused by other participants.

I also agree to defend, indemnify, and hold harmless Daystar and its officers, directors, employees, agents and volunteers from and against any and all damages, costs, and claims sustained by any other person as a result of any negligent or intentional act or omission by me or my child/ward at Daystar.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Date: _____