

## Stronghold General Release

By registering your child(ren), yourself, or your family, as the parent/guardian, and signing below you agree to the following:

**Desire:** My child, and/or myself, and/or my family desire to participate in the Push The Rock/ Stronghold Foam Swordfighting Ministries program

**Possibility of Injury:** The person listed may incur personal injury or bodily damage while participating in the activities of Push The Rock/ Stronghold.

**Necessity of Permission Slip:** The person listed cannot participate in the Push The Rock/ Stronghold program without releasing and holding harmless Push The Rock/Stronghold by completing the specific document or documents related to the specific program.

**General Release and Discharge:** I request that Push The Rock/Stronghold allow my child to participate in the program and in consideration thereof, agree to hereby release and discharge Push The Rock/Stronghold or any parties paid by Push The Rock/Stronghold or those volunteering on behalf of Push The Rock/Stronghold, from all actions, claims, costs, expenses, or damages of any kind growing out of or related to the program.

**Release for Injury and Damages:** I acknowledge that this form is a full and complete release for all injuries, illnesses, and damages which the above person may sustain as a result of participating in the Push The Rock/Stronghold program.

**Treatment for Injury:** I authorize the treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency while said minor is participating in the Push The Rock/Stronghold program, including transportation to and from site. This authority is granted only after a reasonable attempt has been made to contact me, the parent / guardian of said minor.

**Privacy Policy:** I waive any privacy concerns and agree that Push The Rock/Stronghold may provide the participants name and contact information to partnering churches, selected solely at the discretion of Push The Rock/Stronghold, which may have programs likely to benefit the participant child.

**Release of Pictures:** I authorize Push The Rock/Stronghold to hereby use any pictures or video that may include the participant for promotional use.

**Remains in Effect:** You accepted this policy when you sign up for one of our programs.

**Amendments:** We may amend this policy at any time by posting a revised version on our website. The revised version will be effective at the time we post it.

Date \_\_\_\_\_

Minors Name \_\_\_\_\_

Parent/Gguardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_