



**Release and Indemnity Agreement and Special Power of Attorney  
Parental Permission for Minors at Cliff Temple Baptist Church**

STATE OF TEXAS  
COUNTY OF DALLAS

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_

("Minor"), and do hereby release Cliff Temple Baptist Church of Dallas, Texas, Kenny Cheshier, Minister of Youth, Senior Adults and Hospitality, and all church ministers, employees, representatives, sponsors, volunteers, members, trustees, and other representatives, (collectively, "Indemnities") from any liability whatsoever for any injury, damage, accident, or death sustained by Minor during any activities of Cliff Temple Baptist Church from March 1, 2023 through August 31, 2024, including but not limited to Sunday School, 24/7, Bible studies, Vacation Bible School, Camp, leadership council, choir, praise team, ministry outings, fun events, mission trips, camp, and rides to and from an event (collectively, "Activities"). Any reference to Activities contained herein includes not only travel time but also all activities, functions, or periods of time for any duration between travel, plus all periods of time when Minor is under the custody, control, or direction of Indemnities.

I, the undersigned, further agree to hold Indemnities harmless and to indemnify Indemnities from any liability whatsoever resulting from any decision which they, in their discretion, shall make, or any injury, damage, accident, or death which might occur to Minor in connection with Activities. This Agreement is given in consideration for the supervision and discipline to be provided on my behalf by Indemnities plus other good and valuable consideration, the receipt and sufficiency of which is acknowledged.

In the event medical intervention is necessary, Kenny Cheshier or the activity leader will attempt to contact the parent or legal guardian of minor. If unable to reach the parent or legal guardian, Kenny Cheshier or the activity leader will attempt to contact the person listed as the emergency contact on this form. In the event the parent, legal guardian, or person listed as the emergency contact is unable to be contacted, I hereby make, constitute and appoint Kenny Cheshier or the activity leader as my true and lawful attorneys for Minor, and in my name, place and stead, giving to them the specific authority to seek, authorize and approve medical treatment and health care for Minor. This appointment expressly includes the authority to sign releases to physicians who may render medical care and services. This Agreement gives and grants to said attorneys full power and authority to do and perform every act necessary and proper to be done in the exercise of the power granted herein as fully as I might or could do if personally present, with full power of substitution and revocation. I hereby ratify and confirm all that the attorneys lawfully do or cause to be done by virtue hereof. If despite this Agreement, I or Minor, or anyone acting on my or my Minor's behalf, makes a claim against any of the Indemnities, including a claim filed after Minor attains the age of majority, I will indemnify, save, and hold harmless each of the Indemnities from any litigation expenses, attorney's fees, loss, liability, damage, or cost they may incur as a result of such claim.

The power of attorney granted in this Agreement will be effective from March 1, 2023, through, and including, August 31, 2024. I retain the power and right to revoke the power of attorney granted in this Agreement at any time by written document. I agree to assume liability for payment for all medical and health care services provided to Minor in connection with Activities and to reimburse Cliff Temple Baptist Church for any expense that may be incurred for medical and health care services provided Minor in connection with Activities. I represent that the hospitalization insurance information set forth below is true and correct as of the date of this Agreement.

If Minor's behavior is such that it endangers the welfare of others, Cliff Temple Baptist Church or Indemnities are authorized to send Minor home at parent or legal guardian's expense or to exercise such discipline as they deem appropriate.

This Agreement shall be construed according to and governed by the laws of the State of Texas. All of the sentences, phrases and provisions of this agreement are distinct and severable, and if any clause, phrase or sentence shall be deemed illegal, void or unenforceable, it shall not affect the validity, legality or enforceability of any other clause, phrase or sentence, and the remainder of this Agreement will be interpreted in a manner to fulfill the original intent of this Agreement.

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND IT IS A LEGALLY BINDING DOCUMENT. This Agreement was signed in \_\_\_\_\_ (city), Texas, on \_\_\_\_\_ (month and day), \_\_\_\_\_ (year).

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

## General Information

### MINOR'S INFORMATION:

Minor's name: \_\_\_\_\_

School grade: \_\_\_\_\_

Birthdate (month/day/year): \_\_\_\_\_

Medical Allergies:\* \_\_\_\_\_

Food Allergies:\* \_\_\_\_\_

Health conditions or special needs:\* \_\_\_\_\_

\*These may be included on Minor's nametag for safety reasons.

### CONTACT INFORMATION:

Minor's Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

May we call you occasionally to help with (please check all that apply):

\_\_\_\_ refreshments      \_\_\_\_ field trips

\_\_\_\_ substitute teaching (circle one: Sunday, Wednesday, or both)

Individuals authorized to pick up Minor from Activities. Lists from previous years will not be used for the current school year: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY INFORMATION:

Emergency Contact Person (not a parent or guardian): \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Work Phone: \_\_\_\_\_

### INSURANCE INFORMATION:

Name of Insurance Company: \_\_\_\_\_

Group or Contract/Policy Number: \_\_\_\_\_

Employer: \_\_\_\_\_