

**NORTHLAND CATHEDRAL**

**PERMISSION, HOLD HARMLESS, AND  
RELEASE OF LIABILITY FORM  
(Minors)**

I, the undersigned, desire to give the minor whose name appears below ("Participant") permission to participate in the following activities: \_\_\_\_\_ ("Activities") at or through Northland Cathedral Assembly of God, Inc. ("Northland Cathedral"). In exchange for the opportunity to participate in the Activities, I agree to the following from and after the date below:

- **Rules:** I understand that the Participant must follow Northland Cathedral's rules, and if the Participant does not follow the rules, he or she may be asked to leave Northland Cathedral or the Activities.

- **Assumption of Risk:** I am familiar with the Activities and represent to Northland Cathedral that the Participant is physically and mentally able to participate in the Activities. I also understand that the Activities do present risks of damage, loss, injury, illness, or even death to the participants. I represent to Northland Cathedral that I voluntarily assume the risk of any such damage, loss, injury, illness or death to me or the Participant arising from the Activities.

- **Release:** I release and forever discharge (for myself, and for the Participant to the fullest extent permitted by law) Northland Cathedral and its directors, officers, employees, volunteers and agents (collectively the "Church") from liability for the Church's negligent acts or omissions causing damage, loss, injury or death to me or the Participant arising in connection with the Participant's participation in the Activities or being on the premises of Northland Cathedral for such activities.

- **Hold Harmless:** I also agree to indemnify and hold the Church harmless from any and all liability or loss, including liability for the Church's negligence, arising in conjunction with or resulting from the Participant's participation in the Activities or being on the premises of Northland Cathedral for such Activities. This indemnity also includes all attorney's fees and expenses incurred by the Church.

- **Insurance:** I acknowledge that my own insurance carrier is responsible for any medical attention I or the Participant may require.

- **Headings; Survival:** I agree that paragraph headings are included for ease of reference only, and that if any part hereof is held invalid, the remainder shall continue in full legal force and effect.

I have carefully read the foregoing provisions, know their contents, and sign this form as my own free act.

Participant \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Name Printed

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Father or Guardian's signature: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

Mother or Guardian's signature: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

**FOR MINORS: SIGNATURES OF BOTH PARENTS ARE REQUIRED**