

**AUTUMN RIDGE CHURCH  
RELEASE OF LIABILITY/MEDICAL AUTHORIZATION  
MIDDLE SCHOOL/HIGH SCHOOL PROGRAMS**

I/we are the parent(s)/legal guardians of \_\_\_\_\_  
("Child"), have consented to his/her involvement in activities sponsored from time-to-time by the Middle School/High School Ministry Program at Autumn Ridge Church.

By signing this Release, I/we acknowledge that I/we have considered the risks associated with involvement in the activities sponsored from time-to-time by the Middle School/High School Ministry Program, including sports activities, travel (including local interstate and international travel) and short-term missions work. These risks include the risk of serious injury, illness or disease, and in some instances imprisonment or death. I/we accept these risks and agree to release, on my/our own behalf, on behalf of my/our heirs, administrators and assigns, and on behalf of Child, First Baptist Church, Rochester, Minnesota d/b/a Autumn Ridge Church ("Autumn Ridge"), and its elders, officers, employees and volunteers, from all claims, both present and future, arising from or related to Child's participation in activities sponsored from time-to-time by the Middle School/High School Ministry Program through Autumn Ridge. In no event, however, shall this release be construed to waive or relinquish claims for damages which arise as a direct result of the grossly negligent or intentional misconduct of any authorized agent, employee or volunteer of Autumn Ridge.

Additionally, I/we agree that I/we will indemnify and hold Autumn Ridge harmless from any and all liabilities or claims made by other individuals or organization as a result of Child's actions or conduct during any activities sponsored from time-to-time by the Middle School/High School Ministry Program.

In the event of illness or injury requiring, in the reasonable judgment and discretion of the employees and volunteers of Autumn Ridge, immediate or emergency treatment of Child, and I/we are not available to make health care decisions or give direction on behalf of Child, I/we specifically authorize and direct Autumn Ridge, by and through its employees and volunteers, to undertake all actions and health care decisions desirable, necessary and appropriate under such circumstances, and release Autumn Ridge from all claims, both present and future, arising from such treatment decisions or directions.

In the event I/we or anyone acting on my/our behalf brings an action or claim against Autumn Ridge, which claim or action in any way arises out of or is related to activities sponsored from time-to-time by the Middle School/High School Ministry Program, I/we agree that such claim or action shall only be prosecuted and concluded through binding mediation and/or arbitration through the Christian Mediation & Reconciliation Center, Minneapolis, Minnesota, or a similar, mutually-agreeable Christian alternative dispute resolution provider or facilitator.

I give my permission to Autumn Ridge Church to use my child's name and/or photo on material posted within the church. Yes  No

I give my permission to Autumn Ridge Church to use my child's name and/or photo on material posted on the church website. Yes  No

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name