

**NEW BEGINNINGS CHURCH  
2017 RELEASE OF LIABILITY**

I (or my child), on behalf of myself (or him/her) and my (his/her) heirs, executors and assigns, in consideration of my (his/her) participation in the activities organized and/or facilitated by New Beginnings Church ("NBC"), hereby release and discharge New Beginnings Church, its officers, employees and agents, and any other people officially connected with any activity from, and waive any and all claims or causes of action for, any and all liability for personal injury or sickness, bodily injury, emotional injury, property damage or wrongful death, legal entanglements, imprisonment or loss of money, wherever or however the same may occur, arising from or relating to my (his/her) participation in any NBC activity. I (or my child) am (is) aware of the risks of participation. I understand that participation in this program is strictly voluntary, and I freely choose to (or allow him/her to) participate and accept the risks of injury (both known and unknown) associated with participation in and transportation to and from the activity. I understand that New Beginnings Church does not provide medical coverage for me (or him/her). I verify that I will be responsible for any medical costs I (or my child) incur(s) as a result of my (his/her) participation.

I agree to defend, indemnify, and hold harmless New Beginnings Church, its officers, employees and agents, and any other people officially connected with any NBC activity, including without limitation persons whose property the activities may be conducted on, for any personal injury, sickness, death, bodily injury, emotional injury, or property damage arising from or relating to my or my child's participation in the activities, scheduled or unscheduled, caused by negligence or any other cause, including any negligence of New Beginnings Church, its officers, employees and agents, and any other people officially connected with any NBC activity.

This authorization will remain in effect thru 2017 or until written notice is received to state otherwise at the address of New Beginnings Church, 17300 Saturn Ln., Ste 111, Houston, Texas 77058. I have read this document and understand that it is a release of all claims. I voluntarily sign my name below evidencing my acceptance of the above provision.

_____	_____	_____
Participant's Signature	Participant's Printed Name	Date
_____	_____	_____
Parent or Guardian's Signature if under 18	Parent or Guardian's Printed Name	Date
_____	_____	_____
Parent or Guardian's Signature if under 18	Parent or Guardian's Printed Name	Date

**NEW BEGINNINGS CHURCH**  
**2017 AUTHORIZATION FOR MEDICAL TREATMENT**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, hereinafter, "my child", who was born on \_\_\_\_\_, \_\_\_\_\_. This authorization will be in effect for all activities that my child is attending and participating in or with New Beginnings Church ("NBC"), including, without limitation, any class, meeting, Bible study, camp, trip, or retreat ("activities"), wherever located, and will remain in effect thru 2017 or until written notice is received to state otherwise at the address of NBC, 17300 Saturn Ln., Ste 111, Houston, Texas 77058.

I hereby authorize the designated adult supervisor of the activities that my child is involved with or at NBC or its officers, sponsors, or employees to whose care my child has been entrusted, to consent to medical care, and/or dental care.

The authority granted by this authorization includes, without limitation, the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision or on the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I agree to assume financial responsibility for all expenses of such medical or dental care.

I further authorize that the designated adult supervisor or his/her sponsors, agents, or employees who are 18 years of age or older, who supervise the NBC activities at NBC to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the designated adult supervisor or his/her sponsors, agents, or employees who are 18 years of age or older who supervise the activities at NBC.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the designated adult supervisor or his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, on advice of such physician, dentist, and surgeon.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Alternate Cell