GENERAL RELEASE AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.
READ CAREFULLY BEFORE SIGNING.

As the parent or guardian of my child, I hereby authorize the High Point Educational	Missionary Baptist Association, Inc. (HPEMBA),
its agents, employees, volunteers and members	to transport and carry my child to and from
· · · · · · · · · · · · · · · · · · ·	gh Friday, July 26, 2019. I further authorize said
·	ve control of my child during Y&C Trac Session
on Monday, July 22 nd through Friday, July 26,	2019.
For and in consideration of HPEMBA permitting	g my child,,
	reby release demands, suits, causes of action, or
judgment in excess of the limits of its general li	ability insurance policy, if any, which I ever had,
•	have against HPEMBA, its agents, employees,
· · · · · · · · · · · · · · · · · · ·	way connected with my child's participation in
Youth and Children's Trac, for all personal inj	, , , ,
claims for wrongful death caused by the ACTS	_
Educational Missionary Baptist Association	, Inc., its agents, employees, volunteers and
members.	uri Brief ir laari Biri
I further agree to indemnify and hold harmless I	
Association, Inc. , its agents, employees, volur	
for any claims, which my child ever had, now ha	of the limits of its general liability insurance policy,
against HPEMBA, arising out of or in any way co	
· · · · · · · · · · · · · · · · · · ·	injuries, known or unknown, or property damages,
caused by the ACTS, OMISSIONS OR NEGLIG	
•	EMBA; and, I agree to defend at my own expenses
any claims or litigation in connection therewith.	
***Please note that your child may be photogr	
I also agree to be responsible for any property	damage or personal injuries that my shild may
	&C Trac. I have read and executed this document
with full knowledge of its significance.	xO frac. Thave read and executed this document
By:	
Signature of Parent/Guardian	Date
Emergency Contact:	
Name:	Phone Number