



## **Help's on the Way**

6784 Edwards Road  
Belleville, MI 48111-1136  
IRS-EIN 38-3590783  
[www.helpsontheway.org](http://www.helpsontheway.org)

Policy Name: Release for Minor Child Policy

Policy Adoption Date: March 19, 2012

It shall be the policy of Help's on the Way to receive a signed release for minor children (**individuals under the age of eighteen**) from the parent or legal guardian for all minor children prior to participating in any Help's on the Way sponsored project or activity. One minor child release form must be used for each minor child. Please see the minor child release form on page two of this document.

For questions or additional information related to this policy, please write to:

Help's on the Way  
6784 Edwards Road  
Belleville, Michigan 48111-1136

Or

Contact us on the web [www.helpsontheway.org](http://www.helpsontheway.org)

***Psalm 46:1 "God is our refuge and strength, an ever-present help in trouble."***

Help's on the Way – Release for Minor Child

Minor Child's Name: \_\_\_\_\_

I, the undersigned, wish to allow my minor child to participate in the Help's on the Way sponsored activity of:

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**For this date only (MM/DD/YY): \_\_\_\_\_ OR**

**From this date: \_\_\_\_\_ through the future date of: March 1, 20 \_\_\_\_\_**

I hereby agree and release Help's on the Way as follows:

1. I acknowledge and agree that the nature of the activity in which my child will participate, may involve:

(a) Physical activity

(b) Contact with unidentified and unfamiliar persons,

(c) Travel to and from various unspecified locations, and

(d) Other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely give permission for my child to participate in the above name activity and hereby assume any and all risk, and agree to release Help's on the Way for all liability for such risk, including without limitation risk of any accident or injury to person or property which my child may sustain in connection with their participation in any Help's on the Way project or activity.

2. The undersigned hereby releases you and your directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from and covenants not to sue you for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my child's participation in a Help's on the Way related activity or project.

3. I further irrevocably grant to Help's on the Way, its assigns and successors, my consent and full right to: use my child's name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation hereunder.

4. In connection with the above, and having entrusted the minor named above into the care of Help's on the Way, its employees, agents, servants, officers, assigns, licensees, sponsors, guests, and officers, I hereby authorize such caring adults to consent to: any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision and the advice of, a physician and surgeon licensed under the provisions of the Medical Practice Act; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances within the full discretion, and in the course of the same kind of responsible deliberations as I as such minor's parent/guardian would have to consider it.

5. This release shall inure to your benefit, as well as to the benefit of your successors, licensee, agents, employees, affiliates and assigns. This release shall be governed by the laws of the State of Michigan.

I have read the foregoing Agreement and Release and I hereby give my express consent to the execution of this agreement and release and I will not revoke my consent. I further understand that no minor child will be allowed to participate in any Help's on the Way project or activity without a signed release agreement.

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Print Name of Parent or Guardian & Home Phone Number:

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Parent or Guardian Signature & Date:

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