



South Texas Children's Home Ministries

RELEASE AND COVENANT AGREEMENT

We at South Texas Children's Home Ministries (STCHM) want to inform you of our safety precautions at the Children's Home. We believe that we have hired competent and knowledgeable staff. Nonetheless, you and your family will be required by our staff to observe all STCHM safety rules and requirements for any and all recreational activities, and where necessary, wear safety equipment for swimming and water sports, horsemanship, and other recreational activities requiring protective gear.

Even with safety precautions and safety equipment, we at South Texas Children's Home Ministries want you to realize that any recreational activity has inherent dangers that no amount of care, caution, instruction or expertise can eliminate.

IT IS MANDATORY THAT THIS FORM IS FILLED OUT, SIGNED, DATED BY THE ADULT ATTENDEE OR THE PARENT(S)/GUARDIAN(S) OF THE FAMILY MEMBERS VISITING STCHM, AND RETURNED TO BE ON FILE IN OUR OFFICE OR POOL AREA BEFORE GUESTS MAY PARTICIPATE IN CAMPUS ACTIVITIES OR USE OUR VARIOUS FACILITIES. YOU OR YOUR FAMILY MEMBERS WILL NOT BE PERMITTED TO PARTICIPATE IN ACTIVITIES OR USE STCHM FACILITIES UNLESS WE HAVE RECEIVED THIS COMPLETED FORM. THIS RELEASE AND COVENANT AGREEMENT (CONSISTING OF TWO PAGES) SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL REVOKED IN WRITING BY THE UNDERSIGNED RESPONSIBLE PARTY.

- I hereby affirm that I have been advised of and understand the risks of recreational activities at South Texas Children's Home Ministries and that such activities involve dangers and risks, and I/we accept those dangers and risks knowingly.
I understand that pictures and videos are occasionally taken of general recreational activities at the Children's Home. I hereby give permission for the use of such pictures and videos of my family or me for the promotion of STCHM.
In addition, I give permission for my family or me to be transported in vehicles for approved transportation and activities at South Texas Children's Home Ministries and other locations.
I understand that the terms herein are contractual and not a mere recital.
In signing this document, I hereby certify that I give permission for my family and me to participate in the various programs and recreational activities of South Texas Children's Home Ministries.
I have signed this document as my own free act and in consideration of the agreement by South Texas Children's Home Ministries to allow my family and me to participate in any program, activity, or recreational event the Children's Home may sponsor or offer.
BY EXECUTION OF THIS DOCUMENT, I KNOWINGLY AND WILLINGLY RELEASE SOUTH TEXAS CHILDREN'S HOME MINISTRIES, THE STAFF, THE BOARD OF DIRECTORS, AND ALL OTHERS ACTING FOR OR ON BEHALF OF SOUTH TEXAS CHILDRENS HOME MINISTRIES FROM ALL LIABILITY WHATSOEVER, FOR PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF PROGRAMS, RECREATIONAL ACTIVITIES, SWIMMING, AND OTHER ACTIVITIES SPONSORED OR OFFERED BY SOUTH TEXAS CHILDRENS HOME MINISTRIES.

Adult Signature(s)
(Parent(s)/Guardian(s) Signature(s) for children under 18 as well as themselves)

\_\_\_\_\_
\_\_\_\_\_

Date \_\_\_\_\_
Date \_\_\_\_\_

Adult Name(s) (print)
(Parent(s)/Guardian(s) Name(s) for children under 18 as well as themselves)

\_\_\_\_\_
\_\_\_\_\_

PLEASE LIST ALL PARTICIPANTS (AND THEIR RELATIONSHIP TO YOU) - FULL NAME(S) REQUIRED:
(THIS INCLUDES YOURSELF AND ALL IMMEDIATE FAMILY MEMBERS ATTENDING)
(All guests are required to complete a separate Release and Covenant Agreement.)

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South Texas Children's Home  
Ministries

**RELEASE AND COVENANT AGREEMENT**

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In case of an accident, I hereby give my authority and consent to medical and surgical treatment for my family members or me as may be needed in the judgment of the treating physician.

I also agree that South Texas Children's Home Ministries, the Staff, the Board of Directors, and all others acting for or on behalf of South Texas Children's Home Ministries will not be held responsible in the case of an accident.

\_\_\_\_\_ Date

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

In case of an emergency, I can be reached at the following phone numbers: \_\_\_\_\_

(home or cell)

or \_\_\_\_\_  
(business)

Other person to contact if I cannot be reached: \_\_\_\_\_

Phone number: \_\_\_\_\_

KNOWN ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT MEDICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_