

Liability Release Form

Release of All Claims

In consideration for being accepted by _____ Church of God for participation in the following:

We (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless _____ Church of God and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Please check one:

- If the above activity involves boating or swimming, we (I) hereby certify that our (my) child is able to swim.
- If the above activity involves boating or swimming, our (my) child is not able to swim and must not participate in any boating or swimming activities.

We (I) do not want my child to participate in the following activities relating to the above trip:

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. The participant or legal guardian is aware of the activities involved and they understand the dangers and possible consequences of the activities involved and they accept them.

Medical Release Form

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. In addition, I hereby agree that my personal medical insurance coverage shall be primary. I hereby authorize and designate _____ to make any medical decisions for my (our) child in the event that we (I) cannot be reached.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Hospital insurance Yes No

Insurance Provider: _____

Group Policy # _____ Subscriber ID _____

Primary Physician _____ & Phone _____

Emergency Contact: _____

Emergency Contact Phone No. _____

Alternate Emergency Contact: _____

Alternate Emergency Contact Phone No. _____

Trip Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the above mentioned trip(s).

Participant's signature _____

List any allergies participant may have or any medications participant may be allergic to:

We (I) agree to inform the church immediately of any change in the information provided above. The above information is valid unless revoked in writing by the Participant (if 18 years of age or older) or the Parent(s) or Legal Guardian(s) who have/has signed below.

Only participant need sign if he or she has attained the age of 18 years or older, or this form MUST be SIGNED by both parents or guardians (if there are two) if participant is under 18 years of age. This form MUST BE NOTARIZED.

I (we) the Participant or Parent(s) or Legal Guardian(s) of _____ have read and agree to the above Liability and Medical Release: Participant's Name (please print)

Signature(s): _____
Participant (if 18 years of age or older)
Or Parent or Legal Guardian's Signature,
As Parent or Legal Guardian in my own capacity
and in a representative capacity in behalf of my minor child

Participant (if 18 years of age or older)
Or Parent or Legal Guardian's Signature,
As Parent or Legal Guardian in my own capacity
and in a representative capacity in behalf of my minor child

STATE OF _____, COUNTY OF _____
Affirmed to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC
My Commission Expires: _____, 20_____