

LIABILITY RELEASE FORM
for Indian Trial Presbyterian Church

In consideration for being accepted by Indian Trial Presbyterian Church for participation in supervised youth events at the church we (I), being 21 years of age or older, do for our selves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Indian Trial Presbyterian Church and all the representatives 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.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 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 to hold harmless and indemnify said church, its representatives, employees and agents, for liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

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 activity, and hereby give 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.

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

(Type or print name of participant)

(Father's signature) (Date)

(Parent(s) telephone number)

(Mother's signature) (Date)

Hospital insurance ___ YES ___ NO

Insurance Company _____

(Legal Guardian's signature) (Date)

Policy number: _____

Physician: _____

(Participant's signature, if age 21) (Date)

Physician's phone: _____

Emergency phone numbers: _____

Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

Participant Only:

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the representatives/ leadership of the activity.
