

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by The South Baton Rouge Church of Christ for participation in _____, we (I), being 21 years of age or older, do for ourselves (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 the South Baton Rouge Church of Christ 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.

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 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.

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 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.

Participant: _____

Insurance Company: _____

Home Address: _____

Policy Number: _____

City: _____ Zip: _____

Physician: _____

Home Phone: _____

Physician's phone number: _____

Parent Names: _____

Emergency contact numbers: _____

Parent Home Numbers: _____

Allergies: _____

Parent Cell Numbers: _____

Medications currently taking: _____

Health Insurance Yes No

Medical Conditions: _____

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.

Parent Signature(s): _____ Date: _____