

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by **Trinity Presbyterian Church** for participating in _____, we being 21 years of age or older, do for ourselves and for and on behalf of our child-participant if said child is not 21 years of age or older do hereby release, forever discharge and agree to hold harmless **Trinity Presbyterian Church**, and its officers, directors, members, agents, servants, and employees 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/or the child-participant that occur while said child-participant is participating in the above described activity.

Furthermore, we for ourselves and on behalf of our 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 activities involved.

Further, authorization and permission is hereby given to Trinity Presbyterian 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 officers, directors, members, agents, servants, and employees 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.

We are the parents or legal guardians of this participant, and hereby grant our permission for him/her to participate fully in said trip, and hereby give our 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 the participant to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

The use of plurals such as "we, ourselves," etc., is intended to also encompass the singular and should be read as "myself" etc., where appropriate.

General Information

Type or print name of Participant

Participant ' s Physician: _____

Parent or Guardian *home phone* *work phone*

Name of Practice: _____

Physician ' s phone: _____

Hospital Insurance Yes No

Emergency Contacts: (*when parent or guardian is unavailable*)

Insurance Company:

Name & Relationship *phone number*

Policy Number: _____

Name & Relationship *phone number*

Signatures

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.

Father ' s Signature Date

Mother ' s Signature Date

Legal Guardian ' s Signature Date

Participant ' s Signature Date

Reverse side MUST be completed

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 trip.

Participant Signature

Date

Allergies or Special Medical Problems

Please list here any allergies or special medical problems the participant may have. **This section must be completed.**