Liability Release Form

Release of All Claims

In consideration for being accepted by River Hills Community Church for participation in its Youth Group activities for the period **January 2010** to **December 2010**, including but not limited to group meetings, recreation activities and trips, mission activities, lock-ins, etc., we (I), on behalf of our (my) child-participant, do hereby release, forever discharging and agree to hold River Hills Community Church and the ministers and officers 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 while said child is participating in group trips or activities.

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 the 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.

We (I) further agree to hold harmless and indemnify said church, its ministers, officers, 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.

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 group activities, and hereby give our (my) permission to the medical personnel to order x-rays, routine tests and treatment for my child. In the event of an emergency and we (I) cannot be reached, we (I) hereby give permission to a licensed physician to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for our (my) child. We (I) further authorize the release of any medical or insurance information contained in this form. 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.

Print name of Participant

Parent's telephone number

Hospital insurance? ☐ Yes ☐ No

Insurance Company: _____

Policy Number: _____

Physician's Name: _____

Physician's Phone: _____

Father (legal signature) Date

Mother (legal signature) Date

Legal Guardian (if applicable) Date

Participant, if age 21 (legal signature) Date

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's Signature: _____