

Morningside Community Church

2011-2012

Liability Release Form

In consideration for being accepted by Morningside Community Church for participation in the scheduled events and activities of the Morningside Community Church Youth Group held or conducted from June 1, 2011 to May 31, 2012, 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 Morningside Community Church 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 other 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 (I) hereby assume all transportation costs for student and an adult chaperone of the same sex.

(Type or print name of participant)

(Parents home & work phone numbers)

(Insurance company)

(Insurance company policy number)

(Physician & phone number)

(Emergency Contact & Phone)

(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) Date

(MOTHER) Date

(LEGAL GUARDIAN) Date

(PARTICIPANT, if age 21) Date