

Liability/Medical Release

RELEASE OF ALL CLAIMS

In consideration for being accepted by **FAITH COMMUNITY CHURCH** for participation in _____ the undersigned _____ does release and
(Name of trip or activity) (Name of participant)

agree to hold harmless **FAITH COMMUNITY CHURCH** their officers, agents or employees claims or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the **parent/guardian** and **child-participant** that occur while the child is participating in the above described trip or activity.

We , on the behalf of our child-participant, assume all risk of personal injury, damage and expense as the result of participation in the recreational activities involved.

Authorization and permission are given to said church to furnish any necessary transportation, food and lodging for our child-participant.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in the trip/activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the minister/trip leader may choose a reputable physician.

Name of Child

Date

Father Date

Mother Date

Parent(s) Phone

Guardian's Phone

Legal Guardian

Pastor's Phone

Hospital Insurance: _____ Yes _____ No

Insurance Company: _____ Policy Number: _____

Physician: _____

Emergency Phone Numbers: _____