

# Liability Release Form

Release of All Claims for Calendar Year of 2010

In consideration for being accepted by Third City Christian Church for participation in all 2010 Element Student Ministry events, 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 Third City Christian Church, the trip sponsors and all personnel thereof from any and all liability, claims or demands from personal injury, sickness or death, as well as property damage, loss, 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 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 recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation and food for this participant.

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 activity, 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.

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.

\_\_\_\_\_  
(Type or print name of participant)

\_\_\_\_\_  
Home Address, City, State, Zip

\_\_\_\_\_  
Print Parent or Guardian's Name

\_\_\_\_\_  
Parent or Guardian's Phone Number

Hospital Insurance? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Insurance Company & Policy Number

\_\_\_\_\_  
Physician's Name

Both parents must sign below unless parents are separated or divorced in which case the custodial parent must sign.

\_\_\_\_\_  
Physician's Phone

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Numbers

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date

Trip Participants Only:

Rules of conduct

1. You are to listen and obey all the rules set of this trip.

I have read the above 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: \_\_\_\_\_ TShirt size (if included) \_\_\_\_\_