

LIABILITY RELEASE FORM

Participant Name _____ Age _____ Birthdate _____

Address _____ Home Phone (____) _____

City _____ State _____ Zip Code _____

School _____ Expected High School Graduation year _____

In consideration for being accepted by **Celebration Baptist Church** for participation in trips and activities from 1/10/2017 through 3/10/2020, 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 **Celebration Baptist 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, provided such risks are not created by the negligent, willful, or intentional acts of others.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participant in recreation and work activities involved therein, provided such risks are not created by the negligent, willful, or intentional acts of others.

Further, authorization and permission is hereby give 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, an hereby grant our (my) permission for him (her) to participate fully in said trip or activity, and hereby give our (my) permission to take 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 reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

The undersigned does hereby give permission for our (my) child to ride in any vehicle designed by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Celebration Baptist Church.

(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 Work/Emergency Phone

Mother Date Work/Emergency Phone

Legal Guardian Date Work/Emergency Phone

Participant, if age 21 or older Date

Hospital Insurance? Yes No Insurance Company _____

Policy Number _____

Physician _____ Phone _____

Dentist _____ Phone _____

PLEASE FILL OUT REVERSE SIDE FOR MEDICAL RELEASE

MEDICAL CONSENT FORM

In the event that my child _____ becomes ill or sustains an injury while traveling to, from and for the duration of an event sponsored by CELEBRATION BAPTIST CHURCH, I the undersigned, give my permission to those in charge to take whatever steps deemed necessary to stop any bleeding and to administer first-aid.

I also consent to any X-ray, examination, anesthetic, medical and/or dental, or surgical diagnosis and treatment and hospital care and the administration of medications to be rendered to my child in an emergency situation, under the general and/or specialized supervision of a duly licensed physician and/or surgeon.

I understand further that this consent will apply to ANY and ALL emergency situations and that a copy of this form is as valid as the original.

I also understand that this signed consent releases CELEBRATION BAPTIST CHURCH, of ANY and ALL liability in the event that my child should be injured, provided such injury is not created by the negligent, willful, or intentional acts of others.

HEALTH INFORMATION

PARTICIPANT'S NAME: _____

Any allergies? ____ Yes ____ No. If "yes", please describe: _____

Any special health problems ____ Yes ____ No. If "yes", please describe: _____

Any medication(s)? ____ Yes ____ No. If "yes", what Kind/Dosage/Prescribing Physician: _____

I recognize that my child may be involved in multiple activities in the years to come, and accordingly I specifically state that this consent to medical treatment is good until 3/10/20. I as parent/guardian will notify Celebration Baptist Church of any changes regarding insurance coverage, medications and physicians.

(Signature of Parent or Legal Guardian)

Date

Address: _____

Day Phone: _____ Night Phone: _____

Notary

Signature: _____ Date: _____

Individual is personally known to me or presented the following identification _____ Notary Seal