

# LIABILITY RELEASE FORM

## Release of All Claims

In consideration for being accepted by **Advent United Methodist Church for participation in 2016/2017 Student Ministry Activities**, 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 Advent United Methodist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) [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 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

\_\_\_\_\_  
Parent(s) telephone

Hospital Insurance  Yes  No

\_\_\_\_\_  
Insurance Company

Policy Number \_\_\_\_\_

Physician \_\_\_\_\_

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

Emergency Phone numbers \_\_\_\_\_  
\_\_\_\_\_

(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

**Student 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.

\_\_\_\_\_  
Participant