

Liability and Medical Release Form

Release of Claims

Name of Youth Participant _____
Full Address _____
Date of Birth _____ Grade in fall _____
Emergency Contact person _____ Phone (____) _____
Name of Insurance Company _____ Policy # _____
Physician Name _____ Phone (____) _____
Please list any medical or food allergies, medications being taken, medical problems, or other pertinent information _____

In consideration for being accepted by **HARVEST CHURCH** for participation in any and all "**Harvest Youth/Children's Events 2024**" we (I), do willingly sign this liability and medical release form. These Harvest Church sponsored events include but are not limited to: Conferences, Summer Camps, Special Services, Vacation Bible Schools, both on and off-site Small Groups, and any Special Events (i.e. Bowling, Amusement Parks, Entertainment venues) including travel to and from the events which are sponsored by Harvest Church. We (I), do for ourselves (myself, and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **HARVEST CHURCH** and the directors, officials, employees and volunteers 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 child is participating in the above described trip or activity. This release applies even though liability may arise out of the negligence or carelessness of the parties being released.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. This assumption of risk is binding on myself and my child-participant's heirs and assigns.

Furthermore, authorization and permission is hereby given **HARVEST CHURCH** to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify **HARVEST CHURCH**, its directors employees and agents, for any liability sustained by **HARVEST 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 18 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 event, 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.

PHOTO/VIDEO RELEASE: *Please read and check the appropriate box.*

I DO authorize and agree that Harvest Church may take and use **photographs** or **videos** of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

I DO NOT authorize photos or videos of my child to be used in any advertising, social media and/or public relations.

If under 18 both parent/s must sign unless parents are separated or divorced in which case the custodial parent must sign, or legal guardian.

Signed: _____
Father Date Mother Date

Legal Guardian Date Participant, if age 18 Date