

Liability and Medical Release Form

Release of Claims

Name of Youth Participant _____

Full Address _____

Date of Birth _____ Phone (____) _____

Emergency Contact person _____ Phone (____) _____

Name of Insurance Company _____ Policy # _____

Physician Name _____ Phone (____) _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information: _____

In consideration for being accepted by HARVEST CHURCH for participation in "HARVEST CHURCH ACTIVITIES" we (I), 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 HARVEST 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 child is participating in the above described trip or activity.

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.

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 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.

Only participant need to 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, or legal guardian.

Signed: _____
Father Date Mother Date

Legal Guardian Date Participant, if age 21 Date

TRIP PARTICIPANT 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 of the trip.

Signed: _____
Participant Date