

Liability Release Form

Release of All Claims

In consideration for being accepted by Rock Springs Congregational Methodist Church, Inc., for participation in all activities, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-dependent if said child is not 21 years of age or older) do hereby release, forever discharge, indemnify and in all ways agree to hold harmless Rock Springs Congregational Methodist Church, Inc., its Directors, and Trustees thereof from any an 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/or the child-participant that occur while we (I) and/or said child is participating in activities of Rock Springs Congregational Methodist Church, Inc.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age or 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participating in recreation and/or work activities involved therein.

Further, authorization and permission is hereby given to Rock Springs Congregational Methodist Church, Inc., to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify Rock Springs Congregational Methodist Church, Inc., its Directors, Trustees, employees and agents, for any liability sustained by said church as the result of the negligence, willful or intentional acts of said participant(s), 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 activities of Rock Springs Congregational Methodist Church, Inc., and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but in limitation to emergency surgery or medical treatment, and assume the responsibility of 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.

Name of Participant

SSN

Date of Birth

Parent Telephone

Hospital Insurance: Yes No

Insurance Company

Policy Number

Physician's Name

List Any Allergies

(Only participant need sign if 21 years of age or older.
If under 21, parents must sign unless parents are separated or divorced, in which the custodial parents must sign.)

Parent or Legal Guardian

Date

Participant(If age 21 or older)

Physician's Phone

Emergency Numbers