

LIABILITY RELEASE AND PARENTAL CONSENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent (s) Business Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, to attend and participate in the \_\_\_\_\_, sponsored by First Presbyterian Church, on \_\_\_\_\_. In consideration for being accepted for participation in this event we (1), being 21 years of age or older, do for ourselves (myself) (and for and on the 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 First Presbyterian 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.

Furthermore, we (1) (and 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 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 intention acts of said participant, including expenses incurred attendant thereto.

We (1) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) child 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 (1) hereby assume all transportation costs.

Furthermore, we (1) hereby grant permission for the church to use the child-participant's image in any photographs taken on the event. These photographs may be used by authorized personnel as communication tools, including but not limited to brochures, bulletin boards, calendars, and the church website. To insure safety and security, no names will be used in connection with the photos.

Hospital Insurance ( ) Yes ( ) No

(Only participant need sign if 21 years of age or older.

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

If under 21, both parents must sign unless parents are

Policy Holder \_\_\_\_\_

separated or divorced in which case the custodial

Policy/Group Number \_\_\_\_\_

parent must sign)

Physician \_\_\_\_\_

Father \_\_\_\_\_

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

Mother \_\_\_\_\_

Participant Social Security Number \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Emergency Phone # (other than home) \_\_\_\_\_

Participant, if age 21 \_\_\_\_\_

***Please list any medications, allergies, or special medical problems your child may have.***