

PETTISVILLE MISSIONARY CHURCH
• 19055 Co Rd D • Pettisville, OH 43553
• (419) 445-7186

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by **Pettisville Missionary Church** for participation in **PMC Ministries and Activities**, we (I) being 21 years of age or older, do for our selves (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 **Pettisville Missionary 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 (I) [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 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 parents(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 of print name of participant)

Age _____ Grade in School _____

(Name of Parent(s)/Legal Guardian(s))

Home Address _____
(Street)

(City) (State) (Zip Code)

Home Phone (_____) _____

Student's E-Mail Address _____

Emergency Phone #'s:

Name Relationship to Participant Phone #

List any known allergies of participant: _____

List any physical/mental concerns of participant: _____

List any current medications: _____

Hospital Insurance _____ yes _____ no

Insurance Company _____

Policy Number _____

Physician _____

Physician's Phone _____

(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

Pastor Kent Norr, Senior Pastor