

Redeemer Presbyterian Church Student Ministries Department

2501 Ritchie Rd., Waco, TX 76712 (254) 776-7292 Fax (254) 420-3342

Liability Release Form

I, _____

(Parent or Guardian, please print)

of city of _____, State of Texas, hereby affirm that my child(ren), or myself, if I am eighteen years of age or older (the "Student(s)")

(Student(s)' Name(s), please print)

shall be participating in Redeemer Presbyterian Church (RPC) sponsored Student Ministry's activities, meetings, events, and trips ("Activities").

I certify that I am cognizant of the inherent dangers associated with participating in the Activities and with the fact that participating in the Activities may take place outside of, or off, church premises.

I understand and agree that neither RPC, its trustees, officers, representatives, instructors, nor agents may be held liable in any way for any occurrence in connection with Student(s)' participating in the Activities which may result in injury, harm, or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activities, I hereby personally assume all risks in connection with my Student(s)' participation in the Activities. I further release RPC, its trustees, officers, instructors, agents, and representatives, for any injury or damage which may befall my Student(s) while my Student(s) is(are) enrolled in or participating in the Activities. I further agree to save and hold harmless RPC, its trustees, officers, instructors, agents, and representatives, from any claim by me, or my family, estate, heirs or assigns arising out of my Student(s)' enrollment and participation in the Activities. I also authorize RPC to render or obtain such emergency medical or dental care or treatment as may be necessary should any injury, harm, or accident occur to my Student(s) while participating in the Activities. Any expenses incurred in such treatment shall be assumed by me.

This document shall additionally confirm my consent of the Student(s) and the undersigned parents or legal guardians for the use by RPC on its web site or in any church sponsored publication of any photographs of Student(s) with respect to any Activities.

I acknowledge and agree that participation in any Activities is conditioned upon the Student(s)' complying with all rules and directions of persons in authority. I authorize RPC to return my Student(s) home from any Activities in the event of Student(s)' failure to conform to such rules and directions and, if necessary, at my expense.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

Signature

Date

Name of Participant (Participant must sign if 18 or older)

Home Address _____

Father Date

Parent(s) Home Phone

Mother Date

Parent(s) Cell Phone

Legal Guardian Date

Parent(s) Email

Legal Guardian Date

Hospital Insurance: ____ Yes ____ No

Insurance Co. _____

Emergency Contact:
Name _____

Policy # _____

Phone _____

Physician _____

Allergies _____

Physician's Phone _____

Other medical conditions we should be aware of _____