

INFORMATION RECORD AND LIABILITY RELEASE

In case an emergency should arise during a ministry activity, Thrive Church, Inc. wishes to be sure that its activity leaders have the information they need to take appropriate action, including contacting the family of the person involved and starting any needed medical treatment as quickly as possible. Thrive Church, Inc. also wishes to assure its employees, volunteers, and membership that they will not be legally liable if an accident occurs during a ministry activity.

Thrive Church, Inc. therefore requires participants in certain church sponsored activities to complete and return this form FIRST. Although the release of liability is valid permanently unless revoked, our church requests that a new form be completed and returned ONCE PER YEAR to ensure that emergency contact information remains current. OUR CHURCH MAY, AT ITS OPTION, DECLINE TO ALLOW YOU TO PARTICIPATE IN CERTAIN CHURCH SPONSORED ACTIVITIES IF YOU HAVE NOT COMPLETED AND RETURNED THIS FORM IN THE PAST YEAR.

For members of the same family, only one form per family is necessary, so long as the name of EACH family member is listed as a participant. If it would be less confusing, feel free to use a separate form for each participant. Please complete both sides and sections of this form.

PARTICIPANT'S NAME (S):

I now give my permission for any person listed above as a "participant" to participate fully in any activity sponsored by Thrive Church, Inc.

I authorize the leaders of any church sponsored activity to obtain and authorize any medical treatment that may in their judgment be advisable for any "participant" listed above, including but not limited to emergency surgery or medical treatment. I assume responsibility for any resulting medical bills. I also authorize the activity leaders to furnish any necessary transportation, food, or lodging for any "participant" listed above. I agree to indemnify Thrive Church, Inc. for any liability or expenses it incurs as a result of the acts of any participant listed above. If it should be necessary to transport home any "participant" listed above for medical, disciplinary, or other reasons, I assume all transportation costs.

In consideration for being accepted by our church for participation in various church sponsored activities, I hereby release Thrive Church, Inc. from liability for any personal injury, death, property damage, or expenses that may be suffered by anyone listed above as a "participant" as a result of their participation in any church sponsored activity. This release also applies to our church's employees, officers, volunteers, and membership.

EACH ADULT PARTICIPANT MUST SIGN FOR HIMSELF OR HERSELF. A CUSTODIAL PARENT OR GUARDIAN MUST SIGN FOR EACH PARTICIPANT UNDER 18.

Signature Date

Signature Date

Signature Date

Signature Date

Notary signature Date

EMERGENCY CONTACTS

Name of emergency contact #1: _____

Relation to participant: _____

Address: _____

Phone (home): _____ Phone (work): _____

Name of emergency contact #2: _____

Relation to participant: _____

Address: _____

Phone (home): _____ Phone (work): _____

Name of emergency contact #3: _____

Relation to participant: _____

Address: _____

Phone (home): _____ Phone (work): _____

MEDICAL INFORMATION

Please list all allergies to food, medication, etc.:

Physician's name: _____ Phone: _____

Name of current medical insurance company: _____

Policy # _____

HMO (yes or no): _____

Please provide us with any other information you believe we should know about the participant below:

