

New Life Fellowship
Medical & Liability Release Form

I do hereby release New Life Fellowship, _____ (Life Group Leader) and person(s) appointed as leadership in this group/organization from all liability, claim, or demands for personal injury, sickness or death, as well as damage and expenses of any nature whatsoever, while participating in Life Group activities with the above said church. I agree to be liable for any and all cost and expenses incurred if medical services are rendered.

I have read, understand and agree to the above stated medical/liability release form, and my signature and information below constitute my consent to this contract.

Signature

Date