



Riptide Student Ministry

A Ministry of Living Rock Church

138 Route 81

Killingworth, CT 06419

Liability Release Form

Check ONE:

Participant is over 18: Name: _____

Participant is under 18: I, _____ hereby give
Parent/ Legal Guardian's Name

permission for my child(ren) _____ to attend Riptide
Child(ren)'s Name

Student meetings at Living Rock Church on Fridays as scheduled from September 2018 – August 2019.

Please provide the following information:

Name of Participant: _____

Participant's email: _____

Participant's cell phone: _____

Insurance – circle one: Yes or No

Name of Insurance Company: _____

Name of Insurance Participant: _____

Policy Number: _____

Participant/s I.D. Number: _____

Parent/Legal Guardian Name: _____

Home Telephone: _____

Cell Phone: _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

List any allergies (medications, etc.): _____

I do hereby release, forever discharged and agree to hold harmless the Living Rock Church Ministry, personnel, workers, counselors and the directors thereof from any 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 participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, and agents from any act of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

I give my consent for photos of participant to be posted on social media (no names will be used)

Signature of Participant (or Parent/Legal Guardian if under 18):

_____ Date: _____