

Medical and Liability Release Form 2017

Please Print Clearly

Name: _____ Today's Date: _____

Birthday: _____ Age: _____ Current Grade: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Phone: _____

Parent Email: _____

Emergency Contact: _____ Relationship to Participant: _____

Contact Phone 1: _____ Contact Phone 2: _____

Health Insurance Company: _____

Policy Number: _____ Insurance Co. Phone Number: _____

Allergies: _____

In consideration for being accepted by Riverlawn Christian Church (RCC) for participation in all activities for the year of **2017**, I, being 21 years of age or older, do for myself hereby release, forever discharge and agree to hold harmless Riverlawn Christian Church and the directors thereof from any and all liability, claims, or demand 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 participation in any activity or trip for the year of **2017**. I also give authorization for my child's photo(s) to be used in print and electronic publications as pertains to RCC.

Furthermore, I 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. I 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.

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in all activities. I understand that every effort will be made to contact me prior to the administering of any medical treatment and hereby give my permission to take said participant to a doctor of 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, I hereby assume all transportation costs.

Parents/Guardians, please read and discuss the following with your student or child: On all of our events, we have certain expectations regarding behavior which will insure that we all have a great experience. If, during this event, you are unwilling to maintain these expectations, please understand that you will be sent home and/or (if under 18) parents will be notified. Please sign below indicating that you understand this and agree to cooperate.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____