



Name of Student: _____

Parent(s) or Legal Guardian's

Name: _____

Address: _____

Child's Date of Birth: _____

Any known allergies: _____

LIABILITY RELEASE/SPECIAL POWER OF ATTORNEY FORM FOR THE YEAR 2018

In consideration for being accepted by Piedmont Church for participation in Piedmont Church for participation in Piedmont Student Ministry events we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Piedmont Church and the directors thereof, from any and all 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 child-participant that occur while said child is participating in the above-described activity. Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, transportation, and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, or other needs to this participant.

The undersigned 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 any negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

IF THE PARTICIPANT HAS NOT YET ATTAINED THE AGE OF 21 YEARS:

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in above-described activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery of medical treatment, and assume the responsibility of all medical bills, if any. Further, should transportation costs be involved, we (I) assume all costs. Piedmont Church may generally do and perform in our (my) name all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present. This release applies to the year January 1, 2018– December 31, 2018.

Father's Signature Date Parents Phone #: _____ day

night

Mother's Signature Date Hospitalization Insurance Company

Legal Guardian's Signature Date Policy Number

Emergency Name & Phone Number (other than parent/legal guardian)