



Family Fellowship

LIABILITY RELEASE FORM TO PARTICIPATE IN YOUTH ACTIVITIES OR FIELD TRIPS

Release of All Claims

Student Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex _____

Height _____ Weight _____ Grade _____ Student Cell _____

Parent/Guardian 1

Parent/Guardian 2

Name _____

Name _____

Cell _____

Cell _____

Email _____

Email _____

Do you have health insurance? Yes _____ No _____

Name of insurance company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken while participating in this activity: _____

Allergies to medications? Yes No If so, what? _____

Other allergies? Yes No If so, what? _____

Date of last Tetanus shot? _____

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In consideration for being accepted by Family Fellowship (the Church) for participation in Youth Activities for the calendar year of 2019 within the United States we, (I), being 21 years of age or older, do for release, forever discharge and agree to hold harmless Family Fellowship and the officers, 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 trip of activity.

I (We) hereby agree as follows:

1. I assume full legal and financial responsibility for my participation in the activity.
2. I grant the Church, its employees, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
3. Accident and health insurance are recommended for my participation in any field trip/activity. I understand that Family Fellowship encourages me to have appropriate insurance coverage for the entire time of any field trip/activity.
4. I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the trip.
5. I grant permission for all family fellowship pastors, staff, approved youth volunteers, student leaders, and leaders to text, call, or message via social media my child.
6. I voluntarily indemnify and hold harmless the Church, Board, Officers, Employees and volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses, of any nature (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the Church, Board, Officers, employees, and volunteers, while acting within the scope of their employment or duties for the Church.
7. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity/field trip held during the calendar year of 2019, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.
8. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.
9. I understand all reasonable safety precautions will be taken at all times by Family Fellowship and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Family Fellowship, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.
10. I give permission for any photographs and/or videos taken of my child to be used in brochures, decorations, or church social media (names are withheld from any publications).
11. I acknowledge that I have read this document and understand and accept its terms.

Parent /Legal Guardian's Signature

Print Parent/Legal Guardian Name

Date

Student Name

