

Wilmington First Assembly of God LIABILITY & MEDICAL RELEASE FORM FOR 2011

In consideration for being accepted by Wilmington First Assembly of God and its children and youth ministry programs for participation in all trips and activities for the year 2011, we (I), being 21 years of age or older, do for our selves (myself) (and for and on the 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 Wilmington First Assembly of God 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 activities with the Wilmington First Assembly of God children and youth ministry programs.

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 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.

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 the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trips and activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize 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, we (I) hereby assume all transportation costs.

(print name of participant)

(Parent's telephone)

(Church telephone)

Hospital insurance [Yes] [No]

(Insurance Company)

Policy Number _____

Physician _____

Physician's Phone _____

Emergency phone numbers _____

(Only participant need sign if 21 years of age or older. Under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Father Date

Mother Date

Legal Guardian Date

Participant, if age 21 or older Date

Trip Participant Only

I will abide by the rules of conduct for participants of all trips and activities and the directions of the leadership of those trips and activities. If I fail to do so, I may be sent home from said trip or activity at my parent's expense.

Participant Sign Here