

LIABILITY RELEASE FORM

In consideration for our student being accepted by Tenth Presbyterian Church for participation in the monthly events, the Retreats on Feb 10-12 and October 21-23, the Kick-Off, Summer Missions trips, and/or other official Maranatha youth group events in **September 1 2016- September 30, 2017**, we (I), being 21 years of age or older, do for our selves (myself) (and on behalf of my student-participant if said student is not 21 years of age or older) do hereby release, forever discharge, and agree to hold harmless Tenth Presbyterian 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 student-participant that occur while said student is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) student-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 student participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its ministry directors, officers, employees and agents, for all claims, law suits and other 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 student participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this student participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said student participant to a doctor or 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 student to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Print name of participant		M.I.	Last name
Birthdate	Grade	Parent's telephone	
Parent(s) name(s)		Last name (if different)	
Address			
City	State	Zip	
Insurance company		Policy number	
Physician		Physician's telephone	
Emergency contact		Emergency telephone	

(Only student participant need sign if 21 years of age or older. If 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	Date

Trip Participant Only

I have read the foregoing and understand the rules of conduct for student participants and will abide by them as well as the directions of the leadership of the trip.

Student

Please note any significant allergies or medications we should be aware of:

