

LIABILITY RELEASE FORM

Release of All Claims

In consideration for participating in any youth and children's activities, events, or trips at **Island View Baptist Church**, We (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my youth or child-participant if said youth or child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **Island View Baptist 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 youth or child-participant that occur while said youth or child is participating in any church event, trip or activity.

Furthermore, we (I) (and on behalf of our (my) youth or 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 parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in any and all youth or children's activities, 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 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, we (I) hereby assume all transportation costs.

Please type or print all information

Participant's Name: _____

	Name	Phone
Parent/Guardian		
Pastor		
Physician		
Other Emergency #		
Other Emergency #		

Do you have Hospital Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Copy of Insurance Card Attached
Insurance Company			
Policy Number			
Social Security Number			

Allergies	
Prescriptions	

I have read the foregoing and understand the rules of conduct for participants and will abide by them (or will direct my child to abide by them) as well as the directions of the leadership of the trip.

Participant (or Guardian) X _____ **Witness X** _____

Parent/Guardian X _____ **Date** _____

Subscribed and sworn to before me by _____, the Parent/Guardian who is personally known to me or who has produced _____ (type of identification) as identification, and by _____, a witness who is personally known to me or who has produced _____ (type of identification) as identification on _____, 20____.

X _____
Signature of Notary Public **Name Typed, Printed or Stamped** **My Commission Expires**