

# LIABILITY RELEASE FORM

## Release of All Claims

In consideration for being accepted by Lakeshore Community Church for participation in all Paradigm student ministries events during the dates of January 1<sup>st</sup> 2010 – December 31<sup>st</sup> 2010, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Lakeshore Community 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 trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 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 18 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 said trip, 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.

\_\_\_\_\_  
Type or print name of participant

\_\_\_\_\_  
Parent(s) telephone

\_\_\_\_\_  
Pastor's telephone

Hospital insurance  Yes  No

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's phone \_\_\_\_\_

Emergency phone numbers \_\_\_\_\_

(Only participant need sign if 18 years of age or older. If under 18, 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 18 Date

## Trip Participant Only

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