



Release of All Claims

In consideration for being accepted by **Warren Community Fellowship Church** for participation in _____, we (I), being 18 years of age or older, do for ourselves (myself) (and for and

(Name of trip or activity)

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 **Warren Community Fellowship 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 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 parents(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.

Medical information: (Any known allergies, Medications, special needs, etc.)

(Type or print name of participant)

[Parent(s) telephone]

(Pastor's telephone)

Hospital Insurance Yes No
Insurance company _____

Policy number _____

Physician Name _____

Physician's phone _____

Emergency phone numbers _____

Date of last tetanus shot.

(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 years 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.

Participant

Health Acknowledgement

I have done my due diligence in checking my child's health prior to releasing care to WCF for this activity. I can attest that my child's temperature is normal, they do not have signs or symptoms of sickness, and have not been sick within the last 48 hours.

Parent/Guardian