



CHILDRENS MINISTRY LIABILITY RELEASE FORM -- Release of All Claims

In consideration for being accepted by **EDGEWOOD PRESBYTERIAN CHURCH** for participation in Childrens Ministries Activities, we (I), for and on behalf of my child-participant if said child do hereby release, forever discharge and agree to hold harmless **EDGEWOOD 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 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 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, it 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 activities, and hereby give our (my) permission to take said participant do 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.

BOTH PARENTS MUST SIGN IF POSSIBLE; CUSTODIAL PARENT MUST ALWAYS SIGN.

(Type/print name of participant)

Father Date

(Parent[s] telephone)

Mother Date

Hospital insurance yes no

Legal Guardian Date

Insurance Company:

Policy Number

Participant if over 18 Date

Physician

Physician's Phone

Emergency #'s & name

Address of Participant:

Participant Date of Birth:

I have read and understand the rules and will abide by them and the direction of the trip leadership.

(Participant)