

**Community of Grace Presbyterian Church
Liability Release and Parental Consent Form**

Child's Name _____ Phone# _____
Address _____ City _____ State _____ Zip _____

Grade in or just completed _____ Birth date _____

In consideration for being accepted by Community of Grace Presbyterian Church for participation in activities and trips, we (I) being 21 years of age or older, do for ourselves (myself) (and for, and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Community of Grace Presbyterian Church and the directors, employees, and agents 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 activities or trips. Furthermore, we (I), (and on behalf of our (my) 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.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging therein.

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 incurring attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are/am 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 trips, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical or dental treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical and dental bills, if any.

Further, should it be necessary for that participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Further, we (I) give permission for said participant to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Community of Grace Presbyterian Church.

Parent(s) Business Phone(s) _____ Other number(s) _____

Hospital insurance: Yes _____ No _____ Insurance Company _____
Policy Number _____

Physician's Name _____ Physician's Phone _____

Emergency Phone Number _____ Person's Name at this number _____

Signatures: (only 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.)

Signature: Father _____ Signature: Mother _____

Signature: Legal Guardian _____ Signature: Participant, if age 21 or older _____

***Please list any allergies or special medical problems participant may have: _____
