

Living Waters Christian Fellowship Parental Release Form

Name _____	Age _____	Birthdate _____
Address _____		Phone _____
City _____	State _____	Zip _____

In consideration for being accepted by Living Waters Christian Fellowship for participation in:

All Youth Events of Living Waters Christian Fellowship

We (I) being 21 years of age or older, do for ourselves (Myself) and for, and on behalf of my child participate if said child is not 18 years of age or older, do hereby release, forever discharge and agree to hold harmless Living Waters Christian Fellowship and the staff or directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses for any nature whatsoever, which may be incurred by the undersigned and the child – participating in the above described event (events.)

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 in participation in recreation and work activities involved therein.

We (I) authorize any staff or directors, in whose care said minor has been entrusted, to consent to any emergency x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment. Also any hospital care, to be rendered to the said minor under general or specific supervision and the advice of any physician or dentist, licensed hospital, whether such diagnosis or treatment is rendered is rendered at the office or side physician or at a hospital.

The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization should it be necessary for our (My) child to return home due to medical or disciplinary reasons. The undersigned shall assume all transportation costs, and if needed provide the transportation.

The undersigned does also hereby give permission for our (My) child to ride in any vehicle designated by the staff of or directors in whose care the minor has been entrusted while attending and participating in events sponsored by Living Waters Christian Fellowship.

Hospital Insurance YES / NO	Participant	Date
_____	_____	_____
Insurance Company	Father	Date
_____	_____	_____
Policy Number	Mother	Date
_____	_____	_____

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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 in participation in recreation and work activities involved therein.

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_____	_____	_____
Insurance Company	Father	Date
_____	_____	_____
Policy Number	Mother	Date
_____	_____	_____

FOR OFFICE USE ONLY
Student Full Name

Emergency Contact Person

Emergency Contact Number

Liability Release Form Release of All Claims

In consideration for being accepted by Living Waters Christian Fellowship for participation in all our Student Ministry Events for the year 2012, 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 Living Waters Christian Fellowship, the Church of God organization, it's pastor, pastor's council, trustees, California/Nevada Church of God State Office and any employee, agent, driver, or any other person connected with said church and office, 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/or 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.

Medical Release Form

(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.

(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.)

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 above mentioned trip(s).

Participant Signature: _____ Print Name _____

Hospital Insurance Information: Do you have hospital insurance? Please circle: Yes No

Health Insurance Policy Number _____

Physician Name _____

Physician's Phone Number _____

Emergency Information:

Parent(s) name: _____

Parent(s) cell phone number _____

Who do we call if there is an emergency? _____ Parent

What phone number do we use to reach this person? _____ Call Parent cell number

List any allergies participant may have (medication, food, etc.): _____

This form must be SIGNED

I (we) the Parent(s) or Legal Guardian(s) of _____ have read the above
Participant's name (please print)

Liability and Medical Release _____
Parent(s) or Legal Guardian(s) signature(s)