

STUDENT MINISTRY RELEASE FORM

Release of All Liability Claims

This form allows your son or daughter to attend any youth activity for the year 2023.

Please note: This form does not sign your student up for the event, just gives them permission to participate.

For All Activities In 2023

In consideration for being accepted by Fellowship Community Church for participation in the above activity, we (I) being 21 years of age or older, do for ourselves (myself), 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 Fellowship Community Church and the directors thereof from any 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 21 years of age, 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 21 years:

We (I) are the parent(s) or legal guardian(s) of the 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, and assume responsibility of all medical bills, if any.

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

Print Name of Participant

Insurance Carrier

Print Parent/Legal Guardian(s) Name

Policy No.

Emergency Telephone Number

Physician's Name/Telephone No.

Signature of Parent/Legal Guardian

Today's Date