

2018 Grace Fellowship Church: Release of Liability

PARTICIPANT INFORMATION

Participant's Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ - _____
D.O.B. _____ Age _____ Sex _____

PERSON TO BE NOTIFIED IN CASE OF ILLNESS OR INJURY

Dad/ Guardian Name _____
Phone Number (____) _____ - _____

Mom/ Guardian Name _____
Phone Number (____) _____ - _____

Physician's Name _____
Physician's Number _____

INSURANCE INFORMATION

Grace Fellowship Church carries Limited Liability Insurance. Please answer the following question in detail for our insurance records. Thanks!

Does participant have medical insurance? ____
Insurance Company _____
Policy Number _____
Group Number _____
Address of Insurer _____

DOES PARTICIPANT HAVE ANY ALLERGIES?

Medications _____
Food/Other _____

RELEASE

ACKNOWLEDGMENT OF RISK

I recognize that there is a significant element of risk in travel and any adventure, sports or activity associated with this event. Knowing the inherent risks, dangers and rigors involved in the activities. I certify that the participant is mentally and physically capable of participating in the activities.

ASSUMPTION OF RISK

I am fully aware of the inherent hazards involved and hereby elect to participate voluntarily and assume all risk of bodily injury, death, and loss that may occur. Further, I assume full responsibility for any bodily injury death, loss of personal property and cost thereof, as a result of my negligence.

RELEASE OF LIABILITY

I hereby agree that I, my assignees, heirs, guardians and legal representatives will not make a claim against, sue or attach the property of Grace Fellowship Church and it's employees as a result of my participation in this Grace Fellowship Church sponsored event. I hereby release Grace Fellowship Church and it's employees from all actions, claims or demands that I, my assignees, heirs, guardians or legal representatives, now have or may hereafter have for injury or damage resulting from my participation in this Grace Fellowship Church sponsored event.

MEDICAL CONSENT

Furthermore, I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under provisions of the Medicine Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

KOWING AND VOLUNTARY EXECUTION

I have carefully read, fully understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in activities through 2018 unless revoked in writing and delivered to Grace Fellowship Church. I also understand that Grace Fellowship Church reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the activities. I agree that the decision of Grace Fellowship Church will be binding upon me.

Signature of Participant Date

Signature of Mom/Guardian Date

Signature of Dad/Guardian Date