

Grace Fellowship Church – Release of Liability

PERSONAL INFORMATION

Participant's Name _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone: (____) _____
Cell Phone: (____) _____
Drivers License #: _____
Birthdate: _____ Age: _____ Sex: _____

PERSON TO BE NOTIFIED IN CASE OF ILLNESS OR INJURY

Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Physician's Name: _____
Physician's Phone: _____

IF YOU ARE UNDER 18 OR NOT SELF SUPPORTING, THIS INFORMATION IS NECESSARY

Guardian's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

INSURANCE INFORMATION

Grace Fellowship Church carries limited liability insurance. Please answer the following questions in detail for our insurance records. Thanks!

Does the participant have insurance? _____
Insurance company: _____
Policy or certificate #: _____
Group #: _____
Address of insurer: _____

DOES CHILD HAVE ANY OF THE FOLLOWING ALLERGIES?

Penicillin _____
Other Drugs _____
Insect Stings _____
Ivy Poisoning, etc. _____
Hay Fever _____

RELEASE

Acknowledgment of Risk

I recognize that there is a significant element of risk in travel and any adventure, sport or activity associated with this event. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that I am 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, loss that I may sustain. 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 its employees for injury or damage resulting from the negligence or other acts, howsoever caused, by Grace Fellowship Church and its employees as a result of my participation in this Grace sponsored event. I hereby release Grace Fellowship Church and its 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 is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Knowing 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 the activities through _____200__ 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 Parent/Guardian

Date