

2011-2012 Liability Release Form
Release of All Claims

In consideration for being accepted by **First Reformed Church of Lynden** for participation in **ALL children's activities between 9/1/11-8/31/12**, 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 of older) do hereby release, forever discharge and agree to hold harmless **First Reformed Church of Lynden** and the directors/staff thereof from any and all liability, claims of 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] 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.

(If the participant has not attained the age of 21 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 trips or events, 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.

Please **Print** the following information:

Participant's Name

Participant's Birth Date

Father's Name

Mother's Name

Phone Number

Parent's Work Phone #

(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.)

Father's Signature

Mother's Signature

Legal Guardians Signature

Participant's Signature (if age 21 or older)