



961 Mount Olive Road / PO Box 888 • Gardendale, AL 35071 • 205-631-7790

Participants Name: (please print) _____

Liability Release

In consideration for being accepted by ChristWay Church of God for participation in _____ on _____, (we/I being 21 years of age or older, and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless ChristWay Church of God, its Pastor, Pastor's Council, trustees, and any employee, agent, driver, or any other person connected with said church, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages 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, on behalf of my child-participant, 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 agree to hold harmless and indemnify said church, its directors, employees, and agents for any liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Medical Release

We/I, are the parent(s) or legal guardian(s) of this participant, and do 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 do hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for 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.

Medical Insurance: Yes No

Insurance Company Name: _____

Policy Number: _____

Physician: _____

Physician's Phone: _____

List any medications participant may be allergic to: _____

If parent or guardian cannot be reached in emergency, contact:

Name: _____

Phone: _____

Relation to participant: _____

I / we, the parent(s) or legal guardian(s) of _____, have read and agree to the above liability and medical release. (If parents are separated or divorced, custodial parent must sign.)

Parent(s) or legal guardian(s) signature

_____/_____/_____
Date

Trip participant only: (to be signed by student)

I have read the foregoing, understand the rules of conduct for participants, and will abide by them as well as the directions of the leadership of the above stated trip(s).

Participant signature

_____/_____/_____
Date