

LIABILITY RELEASE FORM
Release of All Claims
Effective for the years 2009-2010

In consideration for being accepted by the Willard Church of the Nazarene for transportation to and from church activities or for being involved with church activities, we (I) are the parent(s) or legal guardian(s) of the below-mentioned child, do hereby release, forever discharge and agree to hold harmless the Willard Church of the Nazarene and the directors thereof from any and all 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 being transported to and from church activities or involved in church activities.

Furthermore, we (I) {and on behalf of our (my) child-participant} hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in church activities.

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 there to.

We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission for him (her) to be transported by the Willard Church of the Nazarene, and hereby give our (my) permission to take said child 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.

Today's Date: _____

Mother's Signature:

Child's Name: _____

Printed Name: _____

Child's Age: _____

Phone: _____

Address: _____

Address: _____

Phone: _____

Father's Signature:

Hospital Insurance: Yes or No

Printed Name: _____

Insurance Co: _____

Phone: _____

Policy #: _____

Address: _____

Physician's Name & Phone:

Guardian's Signature:

Printed Name: _____

Emergency Contact Name & Phone:

Phone: _____

Address: _____
