



Liability Release Form

Release of All Claims

In consideration for being accepted by **Destiny Christian Church** for participation in (_____), we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) hereby release, forever discharge and agree to hold harmless **Destiny Christian Church** 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 participating in the above described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 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 a 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 18 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 said trip, 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 other wise, we (I) hereby assume all transportation costs.

Type or print name of participant

Parent(s) telephone

Pastor's telephone

Hospital Insurance Yes No

Insurance company _____

Policy number _____

Physicians name _____

Physicians phone number _____

Emergency Contact _____

Sworn to and subscribed before me this

_____ Day of _____ 20__

Notary signature

My commission expires: _____

Only participant needs sign if 18 years of age or older if under 18, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Father

Mother

Legal guardian

Participant, if age of 18