

# Annual Liability Release Form

## Release of All Claims

In consideration for being accepted by North Hills Christian Church of Ross Township, PA for participation in activities sponsored or attended on or between January 1, 2018 to December 31, 2018, we do hereby release, forever discharge and agree to hold harmless North Hills Christian Church of Ross Township, PA 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 trips or activities noted above.

Furthermore, we hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Furthermore, 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 a any liability sustained by such church as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We are the parents or legal guardians of this participant, and hereby grant our permission for him/her to participate fully in said trip, and hereby give our 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 reason, disciplinary action or otherwise, we hereby assume all transportation costs.

### PLEASE PRINT

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Insurance?    YES    NO    (please circle one)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies or Health Conditions: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_