



## Permission Form & Liability Release

The River Church • 2000 Evangel Circle • Guntersville, AL 35976 • Phone 256-582-6906

Participant's Name: (please print) \_\_\_\_\_

### Liability Release for all participants

In consideration for being accepted by The River Church of God for participation in (event) \_\_\_\_\_ on (date) \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless The River Church of God, its Pastor, 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 participating in the above described trip or activity. Furthermore, we/I, (on behalf of my child-participant if under 18), 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. . 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 Release for participants under 18:

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 event, 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

Medical Insurance: Yes No

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

List any medications participant may be allergic to:

\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian contact, if participant is under 18:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to participant: \_\_\_\_\_

### Emergency contact for participant over 18; emergency contact for participant under 18 if parent cannot be reached:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to participant: \_\_\_\_\_

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 event(s).

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

I hereby give permission for my minor child to participate in above stated event. I/they understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the above stated event(s).

\_\_\_\_\_  
Parent(s) or legal guardian(s) signature if under 18

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date