

# Blanket Liability Release Form

## Release of all Claims Youth Fellowship Activities 9/13/09 through 9/13/10

In consideration for being accepted by **Lima Trinity United Methodist Church** for participation in **Youth Fellowship Activities**, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **Lima Trinity United Methodist 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 event or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 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 the 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 21 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 activity and hereby give our (my) permission to Lima Trinity United Methodist Church Youth Fellowship

Staff/Counselors 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 otherwise, we (I) hereby assume all transportation costs.

\_\_\_\_\_  
(Type or print name of participant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip code)

\_\_\_\_\_  
(Telephone)

Known Allergies, Current Prescriptions, and/or other medical conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Physician Telephone)

Hospital Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
(Policy Number)

Emergency Phone Numbers (other than Parent(s):

\_\_\_\_\_  
(Name) (Telephone)

\_\_\_\_\_  
(Name) (Telephone)

*Please attach a front and back copy of your insurance card*

\_\_\_\_\_

\_\_\_\_\_  
(Name of Parent(s) or Legal Guardian)

\_\_\_\_\_  
(Address - if different from participants)

Parent(s) Telephone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_  
(Church Name)

\_\_\_\_\_  
(Pastor's Name) (Telephone)

(Only participant need sign if 21 years of age or older. If under 21,

**both** parents must sign unless parents are separated or divorced in

which case the custodial parent must sign)

\_\_\_\_\_  
Signature - Father Date

\_\_\_\_\_  
Signature - Mother Date

\_\_\_\_\_  
Signature - Legal guardian Date

\_\_\_\_\_  
Signature - Participant, if age 21 Date

**Trip Participant Only**

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

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