

# LIABILITY RELEASE FORM

## Release of All Claims

In consideration for being accepted by Westside Baptist Church DBA Westside Church [Westside Church] for participation in Westside Church Activities from June, 1 2018 - May 31, 2019, we (I) on behalf of my child-participant do hereby release, forever discharge, and agree to hold harmless Westside 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) 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 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.

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

### FULL NAME OF PARTICIPANT:

A parent must sign unless parents are separated or divorced in which case the custodial parent must sign or legal guardian.

Father_____	Date_____
Mother_____	Date_____
Legal Guardian_____	Date_____

*\*If information on this form changes during the year, it is your responsibility to complete a new form.*

# GENERAL MEDICAL INFORMATION MUST BE NOTARIZED

IF THERE ARE ANY CHANGES TO THE PARTICIPANT'S CONDITION,  
THE PARENT OR LEGAL GUARDIAN MUST NOTIFY WESTSIDE CHURCH IMMEDIATELY

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Cell \_\_\_\_\_

\*\*\*\*\*

Male ( ) Female ( ) *check box* Height \_\_\_\_\_ Weight \_\_\_\_\_

Does applicant have any physical limitation that might affect his ability to participate? YES ( ) NO ( )  
*(Asthma, Heart Disease, Hypertension, Epilepsy, Hemophilia or blood disorders)*

If Yes, explain \_\_\_\_\_.

Is applicant in general good health? YES ( ) NO ( )

Is applicant in need of regular medication? YES ( ) NO ( ) If so, what? \_\_\_\_\_

Is applicant allergic to any medicines, drugs or food? YES ( ) NO ( ) If so, what? \_\_\_\_\_

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## IN CASE OF EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

CHECK IF INFORMATION IS SAME AS ABOVE

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

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Hospital Insurance? YES ( ) NO ( ) Name of Insurance Company \_\_\_\_\_

Policy / Group # \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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I hereby give permission for my son/daughter to receive emergency medical attention from a physician  
in the event of illness or injury. Effective from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Parent or Legal Guardian \_\_\_\_\_

**\*\* FORM MUST BE NOTARIZED \*\***

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_