

2017-2018 LIABILITY RELEASE FORM

Release of all claims

Mount of Olives Baptist Church

1500 Swan Lake Rd. • Duluth, MN 55811 • 218-727-3749

In consideration for being accepted by Mount of Olives Baptist Church for participation in ALL ACTIVITIES on and off church premises during the 2017-2018 year, 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 Mount of Olives Baptist 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 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.

Further, if anyone (parent or teen) transports a teen from another family in relation to a youth activity, the teen will not be considered to be under the authority and transportation of the church but rather under the authority and transportation of the driver.

Further, authorization and permission is hereby given to said church to photograph or videotape my child in connection with any church program or event; as well as to put the pictures and/or videos up on a website in conjunction with the church.

The undersigned further hereby agree to hold harmless the church, its directors, employees and agents, for any liability that results from the negligent, willful or intentional acts of said participant, including expenses incurred as a result.

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

Mount of Olives Baptist Church has the right to expect our (my) child to obey directions and strive to glorify Christ in all manner and speech.

Participant Information

Participants' Name: _____

Parents' Phone: (____) _____

Hospital Insurance Yes No

Insurance Co.: _____

Policy Number: _____

Physician: _____

Physician's Phone: (____) _____

Emergency Phone #: (____) _____

Parent's/Guardian's Permission

(Participant signature if 21 or older. If under 21, a parent signature is required.)

Parent Signature

Date

Printed Name

Participant Signature, if age 21

Date