

# Liability/Medical Release

## RELEASE OF ALL CLAIMS

In consideration for being accepted by The River for participation in summer hikes and outdoor recreational activities with the youth ministry, we, being the parent(s) or legal guardian(s) of \_\_\_\_\_, do release and agree to hold harmless The River and the director thereof from any and all liability, claims, or demands for personal for injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in the above described trip or activity.

We, on the behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved. Authorization and permission are given to said church to furnish any necessary transportation, food, and lodging for our child-participant.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in the trip/activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will contacted if possible, but in the event that he/she cannot be reached, the minister/trip leader may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

Name of child or teen: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Is your child allergic to:  Bee Sting  Pollens  Hay/straw  Penicillin

Other Allergies \_\_\_\_\_

Does your child have any life-threatening allergies? If yes, please list:

\_\_\_\_\_

Is your child bringing any medication with him/her? If yes, please list:

\_\_\_\_\_

Does your child have any physical, emotional, mental, or behavioral concerns or limitations that we should be aware of? If yes, please explain:

\_\_\_\_\_

Has your child ever had:  Seizures  Asthma  Heart disease  Homesickness  Other

\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Phone (include area code):** \_\_\_\_\_

**Person to contact if parent cannot be reached:** \_\_\_\_\_

**Relationship child:**

\_\_\_\_\_

**Phone (include area code):** \_\_\_\_\_