



Patrick Ford, Youth and Family Minister

Dalton Gardens Church of Christ  
6439 N 4<sup>th</sup> St  
Dalton Gardens, ID 83815

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## Release of All Claims

In consideration for being accepted by the Dalton Gardens Church of Christ for participation in any and all trips or activities in 2009, I/we being 21 years of age or older, do for myself/ourselves [and for and on behalf of my/our child-participant if said child is under 21 years of age] do hereby release, forever discharge and agree to hold harmless the Dalton Gardens Church of Christ 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 any and all above described trips or activities.

Furthermore, I/we [and for and on behalf of my/our child-participant if under 21 years of age] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees 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 participant has not attained the age of 21 years:

I/We am/are the parent(s) or legal guardian(s) of this participant, and hereby give my/our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any.

Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I/we hereby assume all transportation costs.

### Initials

*Participant initials if 21 years or older. If under 21, BOTH parents must initial.  
HOWEVER, if parents are separated or divorced, then custodial parent must initial.*

By my initials below I represent that I have read and understood this Release.

Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Participant (IF OVER 21) \_\_\_\_\_

Participant's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_ (Check One)  Mother  
 Father  Other

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## Emergency/Medical Information

Physicians' Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical Conditions, Special Considerations, etc: [please describe in detail]

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

Does participant have health/hospital insurance? \_\_\_ Yes or \_\_\_ No

Full Name of Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Primary Member's Name (as it appears on Insurance Card) \_\_\_\_\_

## Signatures

*Participant signs if 21 years or older. If under 21, BOTH parents must sign.  
HOWEVER, if parents are separated or divorced, then custodial parent must sign.*

My signature is hereby attached to the accompanying Release. Participant further acknowledges his/her understanding of the rules of conduct for participants and, as a participant, covenants to abide by these rules as well as the directions of the leaders of this trip.

Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Participant \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_