

# LiFEcovenant Church

## Liability Release Form to Participate in Activities or Field Trips

Release of All Claims

In consideration for being accepted by LiFEcovenant Church (the Church) for participation in Activities for the calendar year of 2011 within the United States, we, (I), being 18 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless LiFEcovenant Church and the leadership, 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.

I (We) hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in the activity.
- 2) I grant the Church, its employees, staff, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
- 3) Accident and health insurance are recommended for my participation in this field trip/activity. I understand that **LiFEcovenant** encourages me to have appropriate insurance coverage for the entire time of the field trip/activity.
- 4) I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the trip.
- 5) I voluntarily indemnify and hold harmless the Church, Board, Employees, and volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses, of any natures (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the Church, Board employees, and volunteers, while acting within the scope of their employment or duties for the Church.
- 6) I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact's Name

\_\_\_\_\_  
Emergency Contact's Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Parent's/Legal Guardian's Phone

\_\_\_\_\_  
Parent's/Legal Guardian's Secondary Phone

\_\_\_\_\_  
Print Parent's/Legal Guardian's Name  
(If participant is under the age of 18)

\_\_\_\_\_  
Parent's/Legal Guardian's Signature  
(If the participant is under the age of 18)

\_\_\_\_\_  
Date

## Parent Medical and Liability Release Statement LiFEcovenant Church

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as the **ONLY** coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by LiFEcovenant Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold LiFEcovenant Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Print Participant's Name	Participant's Signature	Date
Print Parent's/Legal Guardian's Name (If participant is under the age of 18)	Parent's/Legal Guardian's Signature (If the participant is under the age of 18)	Date

**Health Form**  
**LiFEcovenant Church**

Name of Participant \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_

**Emergency Contact:**

Contact Name/Parent/Guardian \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

**Alternate Contact:** (use someone near the primary contact)

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while you/your child is at the activity.

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_

**Health Form**  
**LiFEcovenant Church (Continued)**

If you/your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give you/him/her proper medical care during your/his/her/ time of the activity.

Pre-existing or present medical conditions:

Name and dosage of all medications that must be taken while participating in this activity (NOTE: if you already have a list you received from your doctor / pharmacy, please attach it to this form):

Allergies to medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_

Do(es) you/your child have any of the following conditions? If so, please check.

Hay Fever \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Insect Stings \_\_\_\_\_

Epilepsy/Nervous Disorder \_\_\_\_\_ Asthma \_\_\_\_\_ Frequent Stomach Upsets \_\_\_\_\_

Physical Handicaps \_\_\_\_\_ Major Illnesses during the past year \_\_\_\_\_

If any of the above is checked, please give details. (Example: include normal treatment of allergic reactions.)

Date of last Tetanus Shot \_\_\_\_\_ Contact Lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Any swimming restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what?

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent's/Legal Guardian's Name  
(If participant is under the age of 18)

\_\_\_\_\_  
Parent's/Legal Guardian's Signature  
(If the participant is under the age of 18)

\_\_\_\_\_  
Date