

# Liability Release Form

New River Community Church of God

117 Wheeler Creek Rd., Sneads Ferry, NC 28460 910 327-6722

**Activity: 2018 Carolina Youth Convention**

**Date: November 16-18, 2018**

Student Name: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

The undersigned is the parent or legal guardian of

\_\_\_\_\_, who is under the age of 21 years. Permission is granted for him/her to participate fully in said activity and/or trip, 2018 Carolina Youth Convention, Sumter, SC. Permission is also given 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. Further, authorization and permission is hereby given to New River Community Church and its leaders to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its staff, leaders, and volunteers, 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.

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Phone Number

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Participant's Physician

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Participant's Insurance Company & Policy Number

Allergies (please list): \_\_\_\_\_

Medications (Please list ALL medications that student is currently taking):  
\_\_\_\_\_  
\_\_\_\_\_

\*Please write any or additional information medical condition that may be needed on the back of this paper.

\*ALL medications are to be given to one of the following adults: Angie Kornacki, Sarah Dodson, or Keith Brooks.