

# Liability Release Form

New River Community Church of God

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

**Activity: 2019 Ski Trip - Winter Place, WV**

**Date: January 25-27, 2019**

The undersigned are the parent(s) or legal guardian(s) of

\_\_\_\_\_, who is under the age of 21 years.

Permission is granted for him/her to participate fully in said activity or trip. 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.

\_\_\_\_\_  
Print Name of Parent/Guardian or Self (if 21 or older)

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

\_\_\_\_\_  
Signature of Parent/Guardian or Self (if 21 or older)

\_\_\_\_\_  
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 Participant is currently taking):

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