Blackrock Baptist Church Student Ministry

**Liability Release Form**

Release of All Claims

In Consideration for being accepted by Blackrock Baptist Church for Participation in

All Student Ministry Events During 2022-2023

We (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Blackrock Baptist Church 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 undersigned and the child participant that occur while said child is participating in the above describe trip or activity.

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

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

 The undersigned further hereby agree to hold harmless and indemnify said church, it’s directors, employees and agents, for any liability sustained by said church as a result of neglect, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

 (If the participant has not attained the age of 21 years):

 We (I) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission him (her) to participate fully in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and herby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume 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.

(Type or print name of participant(s))

(Parent(s) Guardian(s) telephone)

Hospital insurance \_\_\_\_\_Yes \_\_\_\_\_No

 Insurance Company

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

Policy Number

Physician

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

Physician Phone

Emergency Phone Numbers

Does participant know how to swim? \_\_\_\_\_Yes \_\_\_\_\_No

How Well? Beginner\_\_\_\_ Intermediate\_\_\_\_ Advanced\_\_\_\_\_

Father Date

Mother Date

Legal Guardian Date

Participant, if age 21 Date