

# LIABILITY/MEDICAL RELEASE FORM

(Release of All Claims)

In consideration for being accepted by Riverbend Community Church for participation in:

\_\_\_\_\_  
(Event)

I do hereby release, forever discharge and agree to hold harmless Riverbend Community Church of Ormond Beach, Florida and the directors, employees, agents, and adult supervisors from any and all liability, claims, or demands from personal injury, sickness, or death, and expenses of any nature whatsoever which may be incurred by the undersigned participant and/or parents and/or legal guardians that may occur while said participant is participating in the above-described trip or activity including recreation, work activities, and transportation to and from the activity, including but not limited to acts of negligence undertaken by the church, directors, employees, agents and/or adult supervisors and/or co-participants.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such medical care or treatment as described above, the undersigned agrees to hold harmless and indemnify the church, its directors, employees, agents, and/or adult supervisors from any acts of negligence in providing first-aid care and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Participant's Name (please print) \_\_\_\_\_

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

If Participant is under 18, Parents' (both parents, if available) or Legal Guardian's Signature

\_\_\_\_\_

Parents' or Legal Guardian's Name (please print) \_\_\_\_\_

Participant's Insurance Company \_\_\_\_\_

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

Contact Number (mobile/home) \_\_\_\_\_

Work Number \_\_\_\_\_

Director's Signature \_\_\_\_\_

