MEDICAL AND LIABILITY RELEASE FORM
Student Ministries
Trinity Christian Reformed Church

Date of Form ____/ ____/ ____ to 6/30/2027

Students Last Name _____. First Name_____

Street Address _____

City _____ State _____ Zip _____

Home Phone Number (____) _____ Student's Date of Birth _____

Parent's Email Address _____

Father's Name _____. Father's Phone Number _____

Mother's Name _____. Mother's Phone Number _____

Who does the child live with: _____ Both _____Mother _____ Father _____ Other

List allergies or medical conditions: _____

PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant,
or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parent/Guardian Signature _____ Date _____

Please sign below if you understand that this release form will be used for all activities and events until June 30, 2027. Release forms can be activated at any time, however all release forms will need to be renewed after June 30, 2027.

Parent/Guardian Signature _____ Date _____

Please sign below if you give permission for your child's photo/video to be taken and used for Trinity CRC ministries media and promotions and for your child's first name only to be used in identifying him/her.

Parent/Guardian Signature _____ Date _____