

## Liability Release Form Release of All Claims

In consideration for being accepted by **Foothills Church of Stayton** for participation in \_\_\_\_\_ (event name) on \_\_\_\_\_ (event date), 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 **Foothills Church of Stayton** 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 the undersigned and the child-participant that occur while said child is participating in the above described 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 any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, 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.

**If the participant has not attained the age of 21 years:**

We (I) are (am) the parents(s) of legal guardians(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission 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.

<p>_____ Type or print name of participant</p> <p>_____ Parents(s) telephone</p> <p>_____ Back-up telephone (i.e. cell, work, etc.)</p> <p>Hospital Insurance      <input type="checkbox"/>Yes    <input type="checkbox"/>No</p> <p>Insurance company _____</p> <p>Policy number _____</p> <p>Physician's name _____</p> <p>Physician's phone _____</p> <p>Emergency phone number (1) _____</p>	<p>(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____ Father</td> <td style="width: 50%; text-align: center;">_____ Date</td> </tr> <tr> <td style="text-align: center;">_____ Mother</td> <td style="text-align: center;">_____ Date</td> </tr> <tr> <td style="text-align: center;">_____ Legal Guardian</td> <td style="text-align: center;">_____ Date</td> </tr> <tr> <td style="text-align: center;">_____ Participant, if age 21</td> <td style="text-align: center;">_____ Date</td> </tr> </table> <p>(2) _____</p>	_____ Father	_____ Date	_____ Mother	_____ Date	_____ Legal Guardian	_____ Date	_____ Participant, if age 21	_____ Date
_____ Father	_____ Date								
_____ Mother	_____ Date								
_____ Legal Guardian	_____ Date								
_____ Participant, if age 21	_____ Date								

**Trip Participant Only**

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip. \_\_\_\_\_ (Participant)

**Health History (check all applicable)**

<input type="checkbox"/> Dizziness, fainting spells <input type="checkbox"/> Currently pregnant <input type="checkbox"/> Back problems <input type="checkbox"/> Heart problems <input type="checkbox"/> Allergies (drugs, stings, etc.) <input type="checkbox"/> Diabetes <input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Severe abdominal or menstrual cramps <input type="checkbox"/> Epilepsy or convulsions	<input type="checkbox"/> Frostbite, hypothermia <input type="checkbox"/> Current communicable diseases <input type="checkbox"/> Emotional impairment of disability <input type="checkbox"/> Knee or Ankle problems <input type="checkbox"/> Recent sprains, fractures, dislocations <input type="checkbox"/> Present use of alcohol, drugs, or medicines <input type="checkbox"/> Thyroid trouble	<input type="checkbox"/> History of heart trouble <input type="checkbox"/> Low or High Blood Pressure <input type="checkbox"/> Date of last Tetanus booster Medicines/Dosages taken currently & other details we should know: _____ _____ _____
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Please explain any items checked, conditions, injury, or other illness requiring medical treatment which might restrict or prevent full participation in said event listed above