

Liability Release Form

Activity: **Community Youth Beach Retreat**

New River Community Church, 117 Wheeler Creek Rd, Sneads Ferry, NC

Date: **February 28 – March 1, 2020**

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.

Parent or Guardian Name

Parent or Guardian Signature

Parent or Guardian Phone Number

Additional Parent/Guardian Phone Number

Insurance Company

Policy Number

Physician Name

Physician Phone Number

Dietary Restrictions:

Allergies:

Medical conditions, medicine taken/needed, or other information that may be needed:

(Use the back of this paper if you need additional space for anything)