

Liability Release Form

New River Community Church of God
117 Wheeler Creek Rd., Sneads Ferry, NC 28460 910 327-6722

Activity: Defy Gravity, Wilmington, NC

Date: March 27, 2021

Student Name: _____ Student Cell #: _____

The undersigned is the parent or legal guardian of

_____, who is under the age of 21 years. Permission is granted for him/her to participate fully in said activity and/or trip, Defy Gravity in Wilmington, NC. 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 Phone Number

Parent or Guardian Signature

Date Signed

Name of Participant's Physician

Physician's Phone Number

Participant's Insurance Company & Policy Number

Allergies (please list): _____

Medications (Please list ALL medications that student is currently taking):

*Please write any or additional information medical condition/medications that may be needed on the back of this paper.

*ALL medications are to be given to Angie Kornacki.