

## Liability Release Form

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

Activity: **Community Youth Beach Retreat, Salt & Light Christian Center, North Topsail Beach, NC**

Date: **April 30 – May 2, 2021**

The undersigned are the parent(s) or legal guardian(s) of

(Student's Name) \_\_\_\_\_, who is under the age of 21 years. Permission is granted for him/her to participate fully in said activity or trip-Community Youth Beach Retreat at the Salt & Light Christian Center, North Topsail Beach, 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 Signature

\_\_\_\_\_  
Parent or Guardian Phone Number

\_\_\_\_\_  
Additional Parent/Guardian Phone Number

\_\_\_\_\_  
Medical Insurance Company

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

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Dietary Restrictions (NOT including Vegan or Vegetarian)

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Medications taken/needed, Medical conditions, or other information that may be needed  
(Use the back of this paper if you need additional space for anything)