Liability Release Form

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

Activity: Lock-In at New River Community Church Date: August 20, 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, Lock-In at New River Community Church. 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, 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 for this participant, including but not limited to, The Scavenger Hunt.

The undersigned further hereby agrees 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 Phone Number
Date Signed
Physician's Phone Number

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

Dietary Restrictions:

*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.