

Liability Release Form

Release of All Claims

In consideration for being accepted by The Alabama Church of God Girls Ministries Department for participation in the Girls Day Out, April 29, 2017, we (I), being 21 years of age or older, do on behalf of my child-participant hereby release, forever discharge and agree to hold harmless Alabama Church of God 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) on behalf of my child-participant 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.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for her to participate fully in said trip & event, 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.

List any medical conditions, medications and/or allergies_____

(Type or print name of participant)

(Parent(s) telephone)

(Leader's telephone)

Insurance Company_____

Father's Signature

Date

Policy #_____

Mother's Signature

Date

Physician_____

Legal Guardian's Signature

Date

Physician's Phone_____

Emergency Phone Number(s)_____

**This form is for YOU TO BRING with you to Girls Day Out.
DO NOT MAIL with registration forms.**