

HOLY CROSS LUTHERAN CHURCH LIABILITY RELEASE AND AUTHORIZATION FORM

Release of All Claims

In consideration for being accepted by Holy Cross Lutheran Church for participation in Church sponsored trips and activities, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Holy Cross Lutheran Church and 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 and/or traveling to, from, or during church sponsored trips or activities.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, work activities, and/or travel to, from or during any such activity involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for said 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) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to our (my) child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reason or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Holy Cross Lutheran Church.

The undersigned does ____ does not ____ authorize our (my) child to drive our (or said child's) vehicle to Holy Cross Lutheran Church sponsored trips.

The undersigned does ____ does not ____ authorize said vehicle to be used to transport other participants to and from Holy Cross Lutheran Church sponsored trip.

[Type or print name of participant]

[Parent's telephone]

[Parent's telephone]

Hospital Insurance? ____ Yes ____ No

Policy Number _____

Physician _____

Physician's Phone _____

Emergency Phone Numbers _____

(Only Participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Father Date

Mother Date

Legal Guardian Date

Participant, if age 21 or over Date

Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip and/or activity.

Participant Signature _____