

The Mission 28 Youth Ministry
First Presbyterian Church of New Smyrna Beach, FL

Liability Release Form

In consideration of being accepted by **First Presbyterian Church (Mission 28 Youth Ministry OR Mission D6: World Changers Children's Ministry)** for participating in **TRIPS, ACTIVITIES & OUTINGS for the year 2009-2010**, we (I) being 21 years of age or older, do hereby, release, forever discharge to hold harmless **First Presbyterian Church (Mission 28 Youth & D6 Children's)**, the **Senior Minister, Associate Minister, Youth Minister, Children's Minister, Worship Leader, Coordinators**, or any **Sponsors** from any liability, claims or demands for personal injury, sickness or even death, as well as property damage and expenses, of any nature whatsoever which may occur while a said child is participating in the above described trip or activity.

Furthermore, we (I) on behalf of our (my) child participant if under the age of 21 hereby assume a risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activity involved in.

Further, authorization and permission are hereby given **First Presbyterian Church (Mission 28 Youth, D6 Children's)** to furnish any necessary transportation, food and lodging for this participant.

The understanding further hereby agree to hold harmless **First Presbyterian Church**, the **Senior Minister, Associate Minister, Youth Minister, Children's Minister, Worship Leader, Coordinators**, and any of the **sponsors/helpers** for any liability sustained by First Presbyterian Church as a result of the negligent willful or any intentional act of the said (*if the participant has not attained the age of 21 years*):

We (I) are the parent(s) or legal guardian(s) of the participant, and therefore grant our (my) permission for him/her to participate fully in the said trip and activity, and hereby give our (my) permission to take the said participant to a doctor or hospital and hereby authorize medical treatment, including but NOT limited to emergency surgery or medical treatment, and assume the responsibility of all full 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 and cost of transportation.

Any funding by the church made in good faith for the student with the understanding of the parents prior approval—(verbal or written)—shall become the responsibility of the parent/guardian and or student should the student and or parent not participate in the funded event (airline tickets, seat of event, travel expenses, or whatever church has funded).

Name of Participant

Phone Number

address

Parent or Legal Guardian

Print

Hospital Insurance: YES NO

Insurance Company _____

Policy Number _____

Physicians Phone (____) _____

Trip Participants Only

I have read the foregoing and understand the rules for participants and will abide by them and the Youth Minister, Coordinators, and any of the other sponsors/helpers of the trip. Otherwise, I do understand I could be sent home at parent(s) expense.

Parent's or Guardian's Signature

Date

Participant's Signature

Date