

# Liability Release Form 2021

In consideration for being accepted by Central Church for participation in any/all of the 2021 CSM trips and events, we/I, being 18 years of age or older, do for ourselves (myself) [and for and on behalf of my student if said student is not 18 years of age or older] do hereby release, forever discharge and agree to hold harmless Central Church 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 student-participant that occur while said student is participating in the above described trip or activities involved therein.

Furthermore, we/I [and on behalf of our (my) student-participant if under the age of 18 years] 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 student.

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 student, including expenses incurred attendant thereto.

## IF THE STUDENT HAS NOT ATTAINED THE AGE OF 18 YEARS:

We/I are the parent(s) or legal guardian(s) of this student, and hereby grant our/my permission for him/her to participate fully in said trip, and hereby give our/my permission to take said student 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 medical bills, if any.

Further, should it be necessary for the student to return home due to medical reasons, disciplinary action or otherwise, we/I hereby assume all transportation costs.

\_\_\_\_\_  
Type or Print Name of Student

\_\_\_\_\_  
Parent(s) Telephone #

\_\_\_\_\_  
Parent(s) Work #

\_\_\_\_\_  
Parent(s) Cell/Pager #

\_\_\_\_\_  
Insurance Company (insurance required)

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Physician's Telephone #

Only student need sign if 18 years of age or older.  
If under 18, parent(s) must sign.

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Legal Guardian Date

\_\_\_\_\_  
Student Date

**Emergency Name & Phone Numbers:**

\_\_\_\_\_  
\_\_\_\_\_

Responsible party's home address: \_\_\_\_\_

Responsible party's company name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_