

# Inside Out Student Ministries

## Liability Release Form

### Release of ALL Claims

I (We) here by release *Calvary Church of the Nazarene/Inside Out Student Ministries* of all claims for participation in: \_\_\_\_\_

Name of event, trip or activity

We (I), being 21 years of age or older, do for ourselves (myself or on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, discharge and agree to hold harmless *Calvary Church of the Nazarene/Inside Out Student Ministries* 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 while said child is participating in the above event, activity or trip.

Furthermore, I (We) (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 the recreation and work of the activities involved therein.

Further, authorization and permission is hereby given to *Calvary Church of the Nazarene/Inside Out Student Ministries* to furnish any necessary transportation, food or lodging for this participant.

The undersigned hereby agrees to hold harmless and indemnify *Calvary Church of the Nazarene/Inside Out Student Ministries*, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the participant, including expenses incurred.

If the participant has not attained the age of 21 years old:

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

Further, should it be necessary for the child-participant to return home due to medical reasons, disciplinary action or otherwise, I (We) hereby assume all transportation costs.

\_\_\_\_\_  
Print name of participant

Hospital Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Company:	
Policy number:	
Physician Name:	Physician Phone:
Emergency Number:	

Participant only need sign if 21 years of age or older. If under 21, at least *one* parent must sign.

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

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

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

Participant, if age 21: \_\_\_\_\_ Date: \_\_\_\_\_