Limited Liability Release Form

Partial Release of All Claims

In consideration for being accepted by New Philadelphia Moravian Church for participation in the_____, I being 18 years of age or older, do hereby release, forever discharge, and agree to hold harmless New Philadelphia Moravian Church, the ministerial staff, the joint boards, the officers and employees thereof, the persons who drive to all activities and the guardians or family members 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 while participating in all church trips or activities.

Furthermore, I agree to assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all church sponsored activities.

If the participant has not attained the age of 18 years:

We (I) are the parent(s) or legal guardian(s) of this participant, hereby grant our (my) permission for him/her to participate fully in all youth sponsored activities, 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.

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 costs.

_____
Name of Participant

_____
Parent (s) Telephone/Emergency Contact Number

Health Insurance ____Yes____No

_____
Insurance Company

_____
Policy Number

_____
Physician Name/Number

_____
Any Health Concerns and/or Allergies

If under the age of 18 both parents must sign unless parents are separated or divorced in which case the custodial parent must sign

_____
Father's Signature Date

_____
Father's Telephone/Emergency Number

_____
Mother's Signature Date

_____
Parent (s) Telephone/Emergency Number

_____
Participant's Signature, (if over 18) Date

Participant's Birthday ____/____/____