

Permission & Liability Release Form

RELEASE OF ALL CLAIMS

In consideration for being accepted by Vineyard North Church for participation in **Vineyard youth ministry activities**, I, being 21 years of age or older, do for myself (and for and on behalf of my child-participant if said child is not 21 years of age or older) hereby release, forever discharge and agree to hold harmless **Vineyard North Church** of Grand Rapids 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 that occur while said child is participating in student ministry activities, including, but not limited to, weekly church meetings, recreational and sports activities, transportation to other venues, and community service projects.

Furthermore, I [and on behalf of 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 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 participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

I am the parent or legal guardian of this participant, and hereby grant my permission for him (her) to participate fully in said trip or activity, and hereby give 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, I hereby assume all transportation costs.

Name of Participant(s) (you may list siblings together)

Signature of Participant's Parent

Participant's Telephone Number

Date

Participant's Address

Hospital Insurance? Yes No

Name of Insurance Company: _____

Policy Number: _____

Name of Physician: _____

Physician's Phone: _____

Emergency Phone Numbers: _____

Participant Only

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

Signature of Participant