

# Liability Release Form

## Release of All Claims

In consideration of being accepted by \_\_\_\_\_ for participation  
(Church / District / State Convention Name)

in the \_\_\_\_\_ Region Youth Conference 200\_\_, we ( I ), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless \_\_\_\_\_,

(Church / District / State Convention Name)

the \_\_\_\_\_ Region Youth Conference of the National Baptist Convention, USA, Inc. and the officers, directors, counselors and youth workers 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 the above described conference and / or trip activities.

Furthermore, we ( I ) and 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 recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnity said Church, District, State Convention and \_\_\_\_\_ Region Youth Conference of the National Baptist Convention, USA, Inc., its directors, employees and agents, for any liability sustained by said Church, District, State Convention or \_\_\_\_\_ Region Youth Conference of the National Baptist Convention, USA, Inc., as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

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

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 and conference, 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.

\_\_\_\_\_  
(Type or print name of participant)

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

\_\_\_\_\_  
Parent(s) telephone number

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

\_\_\_\_\_  
Pastor's Name and telephone number

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

\_\_\_\_\_  
State Youth Director Name and Telephone Number

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

Hospital Insurance  Yes  No

Insurance Company: \_\_\_\_\_

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

\_\_\_\_\_  
Emergency Phone Numbers \_\_\_\_\_

### Mission In Action – Evangelism / Witnessing Team Trip Participant Only

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

Participant

Signature: \_\_\_\_\_