

Community Bible Church

4168 Church Road
Lockport, NY 14094
Pastor Brad Delp, Senior Pastor
Pastor Tim Vine, Leadership Development
Phone: (716) 434-7723

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Community Bible Church in Lockport, NY for participation in All CBC Student Ministry Events from January 1, 2016 – December 31, 2016 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 Community Bible 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 child-participant that occur while said child is participating in the above described trip or activity.

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.

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 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 participant, including expenses incurred attendant thereto.

Furthermore, I authorize any pictures or videos taken in the normal activities of the program to be used for publicity of the student ministry and church.

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

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in said trip, 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.

Participant's Name (print) _____

Mother's Name (print) _____ (sign) _____ Date _____

Father's Name (print) _____ (sign) _____ Date _____

Parent(s) phone: Home- _____ (Cell) _____

Address _____

Primary Physician _____

Physician's phone _____

PLEASE PROVIDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD, PRESCRIPTION CARD, AND NECESSARY IDENTIFICATION CARDS.

Notary Use:

Name: _____

Signature: _____

Authorization: _____