

# Liability Release Form

Release of All Claims

## NORTHWOOD ON-SITE EVENTS & MEETINGS FORM

In consideration for being accepted by Northwood Community Church for participation in events, meetings, and activities held on the church's property at 2295 McMullen Booth Rd., in Clearwater, Florida, 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 Northwood Community 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 event 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.

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

We (I) are the parents or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said event, meeting 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 in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

In addition, we (I) authorize representatives of said church to conduct a search of participants' belongings at said representatives' discretion. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume responsibility for transportation and/or the expense thereof.

\_\_\_\_\_  
(Print Name of Participant)

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

\_\_\_\_\_  
(Parent's Phone)

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

Hospital Insurance:  Yes  No  
Insurance Company:  
\_\_\_\_\_

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

Policy Number \_\_\_\_\_

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

Physician \_\_\_\_\_

**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 meeting or event.

Physician's Phone \_\_\_\_\_

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

\_\_\_\_\_  
Participant