



# First Assembly of God Inc., Coweta, OK

## Liability & Medical Release Form Release of All Claims

Participant's Full Name \_\_\_\_\_

Destination of Trip \_\_\_\_\_

In consideration for being accepted by First Assembly of God Inc., Coweta, OK for participation in all church activities for the year (including retreats, camps, conventions, canoeing, hay rides, paintball, ski trips, swimming trips and any other activities sponsored by First Assembly of God Inc., Coweta, OK), 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 First Assembly of God Inc., Coweta, OK, it's members, officers, directors, employees, agents, representatives, successors and assigns thereof from any and all liability, claims or demands for personal injury, sickness, or death as well as property damage and expense, 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 (including attorney fees) 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, it's 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 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 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.

### Parent / Guardian Information & Signature

\_\_\_\_\_  
Parent / Legal Guardians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Home Phone

\_\_\_\_\_  
Parent's Work Phone

\_\_\_\_\_  
Parent's Cell Phone

\_\_\_\_\_  
Parent's Email Address

\_\_\_\_\_  
Health Insurance Company

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

\_\_\_\_\_  
If cannot reach Parent / Guardian, please contact

\_\_\_\_\_  
Phone