

Garden City 1ST NAZARENE AND KANSAS DISTRICT LIABILITY RELEASE FORM

In consideration for being accepted by Garden City First Church of the Nazarene for participation in Children's Group Activities which are planned and attended by a pastoral staff member from the district during the time period from July 16th-18th, we (I) being 21 years of age and 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 Garden City First Church of the Nazarene, Church Board, the Kansas District, Children's Pastors, Volunteers for these activities, and Employees thereof from any and all liability, claims or demands for personal injury, sickness or death, as signed 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 transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its church board, 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, 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.

Student's Legal Name: _____ DOB: _____

Mailing Address: (street/city/zip) _____

Email: _____

Parent/Guardian Contact: Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Relationship to Student: _____

REQUIRED!

Guardian Cell Phone 1:

Guardian Cell Phone 2:

Insurance Company: _____ Policy #: _____

Subscriber Name: _____ Subscriber SS#: _____

Parent or legal guardian signature: _____ Date: _____

CHECK BOX IF PAID IN FULL

The cost is \$15 for those pre-registered; \$20 if registering after July 10th

Guardian's Location Monday: _____

Guardian's Location Tuesday: _____
