LIABILITY RELEASE FORM – ATHLETIC EVENTS
(RELEASE OF ALL CLAIMS)

IN CONSIDERATION for being accepted by CHRIST HARBOR UNITED METHODIST CHURCH for participation in any and all athletic activities, including, but not limited to football, baseball, softball, basketball, volleyball, kickball, skating, skate boarding, and swimming, we/I, being 21 years of age or older, do for ourselves/myself (and for and on behalf of our/my child/participant, if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless CHRIST HARBOR UNITED METHODIST CHURCH, and the trustees, agents, and/or employees thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expense, of nay 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/participate 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 trustees, employees and agents, from any liability sustained by said church as a 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 athletic activities, 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 for all medical bills, if any.

FURTHER, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we/I hereby assume all transportation costs.

_____ _____
PARTICIPANT PARENT'S PHONE (If under 21 years)

(Only participant needs to 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)

_____ _____
PARTICIPANT (if over 21) DATE

_____ _____
FATHER DATE

_____ _____
MOTHER DATE

_____ _____
LEGAL GUARDIAN DATE