

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by **Pilgrim Armenian Congregational Church** for participation in the Houston TX Mission Trip June 17-28 2021, we (I), being 18 years of age or older, ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **Pilgrim Armenian Congregational Church** and the officers and 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 18 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 officers, 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 18 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 for medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(Type or print name of participant)

(Only participant need sign if 18 years of age or older. If under 18, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)

[Parent(s) telephone number]
(559)284-3111

(Pastor's telephone number)

Father Date

Hospital Insurance Yes No
Insurance Company _____

Mother Date

Policy Number _____

Legal Guardian Date

Physician _____

Participant, if 18 years of age Date

Physician's Phone Number _____

Emergency Phone Numbers _____

(On the reverse of this page, please list any allergies or special medical conditions your child may have. Thank you.)

Trip 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 trip.

(Participant)

List any allergies or special medical conditions that your child may have:
