



LIABILITY RELEASE FORM
RELEASE OF ALL CLAIMS



IN CONSIDERATION FOR BEING ACCEPTED BY CAMP BAHAMAS MINISTRY FOR PARTICIPATION IN A MISSION TRIP OR CAMP, WE (I) BEING 21 YEARS OF AGE OR OLDER, DO FOR OURSELVES AND FOR AND ON BEHALF OF MY CHILD PARTICIPANT (IF SAID CHILD IS NOT 21 YEARS OLD OR OLDER) DO HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS CAMP BAHAMAS MINISTRY 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 CHILD IS PARTICIPATING IN RECREATION AND WORK ACTIVITIES INVOLVED THEREIN.

FURTHERMORE, AUTHORIZATION AND PERMISSION IS HEREBY GIVEN TO CAMP BAHAMAS MINISTRY TO FURNISH ANY NECESSARY TRANSPORTATION, FOOD, AND LODGING FOR THIS PARTICIPANT. THE UNDERSIGNED FURTHER HERBY AGREE TO HOLD HARMLESS AND INDEMNIFY CAMP BAHAMAS MINISTRY, ITS DIRECTORS, EMPLOYEES, AND AGENTS, FOR ANY LIABILITY SUSTAINED BY CAMP BAHAMAS 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 YEAR, WE ARE THE PARENT(S) OR LEGAL GUARDIAN(S) OF THIS PARTICIPANT, AND HEREBY GIVE OUR 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 COST.

(ONLY PARTICIPANTS NEED SIGN IF 21 YEARS OF AGE OR OLDER. IF UNDER 21, BOTH PARENTS MUST SIGN UNLESS PARENTS ARE SEPARATED OR DIVORCED, IN WHICH COME THE CUSTODIAL PARENT MUST SIGN)

PARTICIPANT'S NAME _____ **DATE OF BIRTH** _____

PARENT/LEGAL GUARDIAN'S NAME _____

PARENT/LEGAL GUARDIAN'S TELEPHONE (HOME) _____ **(CELL)** _____

PASTOR'S NAME _____ **PASTOR'S TELEPHONE #** _____

HOSPITAL INSURANCE (CIRCLE) Y OR N

INSURANCE COMPANY _____

POLICY NUMBER _____

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE # _____

EMERGENCY CONTACT NAME/RELATIONSHIP _____

EMERGENCY PHONE NUMBER _____

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 SIGNATURE _____ **DATE** _____

PARENT/LEGAL GUARDIAN'S SIGNATURE(S)

_____ **DATE** _____