

## LIABILITY RELEASE FORM – YOUTH MINISTRY ACTIVITIES

covering 2011-2012

I give my permission for \_\_\_\_\_ to be involved in off-site activities  
(Child's First & Last Name)

with City Center Foursquare Church Youth Ministry. I do hereby release, forever discharge and agree to hold harmless, City Center Foursquare Church and the directors 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 participant that occur while said person is participating in the activities of City Center Foursquare Church including, but not limited to, **whitewater rafting, hay rides, overnight activities, out of town activities, concerts, camps, skateboarding, games, etc.** The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents of transportation for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

The undersigned further consents to the administration of first-aid/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant. I have listed below all known allergies, medical conditions and medications of my child.

I also understand that in the event that my son/daughter by their behavior chooses to dishonor God and the leadership by violating or disregarding the rules and guidelines set up by those in charge, that they will be asked to leave, and I will be responsible to provide the transportation.

Parents Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ /2<sup>nd</sup> contact # (work, cell, etc.) \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

List All Known Allergies/Medical Conditions: \_\_\_\_\_

List All Known/Necessary Medications: \_\_\_\_\_

Additional Comments/Instructions: \_\_\_\_\_

Please list below the name of a friend or relative to call in case a parent cannot be reached in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### City Center Church



549 SW Eighth \* PO Box 475 \* Redmond, OR 97756 \* 541-548-7128 \* Fax 541-548-7129

Youth Pastors: Dwain & Shalynn Dorr