



# Smyrna Presbyterian Liability Release Form

## Release of All Claims

In consideration for being accepted Smyrna Presbyterian Church, for participation in all activities, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-dependent if said child is not 18 years of age or older) do hereby release, forever discharge, indemnify and in all ways agree to hold harmless Smyrna Presbyterian Church, its Elders, Staff, and Trustees 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/or the child-participant that occur while we (I) and/or said child is participating in activities of Smyrna Presbyterian Church

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 the result of participating in recreation and/or work activities involved therein. Further, authorization and permission is hereby given Smyrna Presbyterian Church, to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify, Smyrna Presbyterian Church, its Elders, Trustees, employees, and agents, for any liability sustained by said Ministry as the result of the negligence, willful or intentional acts of said participant(s), 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 activities of Smyrna Presbyterian Church, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but in limitation to emergency surgery or medical treatment, and we (I) assume the responsibility of 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. I hereby give my consent for the possessions and luggage of the participant to be searched and examined for any prohibited items. In addition, I give my permission for photographs, video, or audio recordings of the participant to be to be used freely on the church website, on church screens, in church publications, and at the discretion of the Smyrna Presbyterian Church staff.

_____	_____	_____/_____/_____
Full Name of Participant	SSN	Date of Birth
(_____)_____ - _____	(_____)_____ - _____	
Parent Telephone Number	Secondary Emergency Contact Number	
_____	_____	
Insurance Company	Policy & Group Number	
_____	(_____)_____ - _____	
Primary Physician's Name	Physician's phone number	

Does the Participant have any known Allergies?     YES     NO  
(Please indicate if the allergy is life threatening.)

Cheese   Eggs   Milk   Peanuts   Shellfish   Soy   Tree Nuts   Wheat/Gluten   Cats/Dogs

Please list all known Allergies:

Does the Participant have any Medical Conditions?     YES     NO  
(Please mark all conditions that may apply—past or present.)

ADHD   Asthma   Autism/Asperger   Convulsions/seizures   Diabetes   Organ Replacement

Other:

_____	_____
Participants Signature	Parent or Legal Guardian Signature (if age under 18)
<i>(All participants, regardless of age, please sign. If under 18, parent/legal guardian must sign also.)</i>	