

2010 Liability Release Form

Release of all Claims

In *consideration* for being accepted by Broadmoor United Methodist Church for participation in activities for the year 2010, we (I), being 18 years of age or older, do for our selves (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 Broadmoor United Methodist Church, volunteers, employees, 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 said child is participation in the above described trip or activity.

Furthermore, we (I) [and of 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 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 due to medical reasons, any and all disciplinary action or otherwise, we (I) hereby assume all transportation costs.

NAME OF PARTICIPANT

FATHER'S SIGNATURE

DATE

PARENTS TELEPHONE

MOTHER'S SIGNATURE

DATE

HOSPITAL INSURANCE COMPANY

LEGAL GUARDIAN'S SIGNATURE

DATE

POLICY NUMBER

PARTICIPANT'S SIGNATURE(IF AGE 18 OR OLDER)

PHYSICIAN

EMERGENCY PHONE NUMBER

PHYSICIAN'S PHONE

ATTN: PLEASE PROVIDE A COPY OF THE MEDICAL CARD.

MEDICAL INFORMATION: _____

STATE OF LOUISIANA

PARISH OF CADDO

Before me, the undersigned Notary Public, came _____ whose identity is known to me and who executed the forgoing instrument.

Notary Public