



# CHRISTIAN COMMUNITY CHURCH OF GOD

2052 NW 49<sup>TH</sup> AVENUE

LAUDERHILL, FL 33313

(954) 484-7739 • (954) 735-4114

## LIABILITY RELEASE FORM

(Release Of All Claims)

In consideration for being accepted by \_\_\_\_\_ for participation in \_\_\_\_\_ (trip or activity) on \_\_\_\_\_, I do hereby release, forever discharge and agree to hold harmless \_\_\_\_\_ and indemnify said church, its Pastors, employees and agents thereof from any 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 under-signed and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The under-signed further hereby agrees to hold harmless and indemnify said church, its Pastors, employees and agents 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 and/or doctor's care or any 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 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 Pastors, 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.

Print Child's Name \_\_\_\_\_

Parent's/Legal Guardian Signature \_\_\_\_\_

Print Parent/Legal Guardian Name \_\_\_\_\_

Participant's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Activity Director/Leader Name: \_\_\_\_\_