

**ANNUAL LIABILITY RELEASE FORM**  
**June 1, 2018 through May 31, 2019**

Parents and legal guardians of minor children are asked to complete this form and return it to the church office. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

**EMERGENCY CONTACT INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: M F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEDICAL QUESTIONNAIRE**

Is your child presently being treated for an injury or sickness or taking any medication for any reason? N Y (If yes, explain)

Is your child allergic to any type of medication? N Y (If yes, explain)

Does your child require a special diet? N Y (If yes, explain)

Does/did your child ever have any of the following (Circle and explain current treatment and restrictions):

Seizure Disorder    Asthma    Heart Murmur    Diabetes    Hay Fever    Kidney Disease

Does your child have any allergies other than medical/dietary already listed? N Y (if yes, explain)

Does your child ever sleepwalk? N Y

Does your child have any physical handicap or illness which would prevent him/her from participating in normal activity? N Y (If yes, explain)

### **MEDICAL TREATMENT AUTHORIZATION**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Christ Evangelical Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my expense as parent/guardian.

I agree to notify Christ Evangelical Presbyterian Church in the event of any health changes which would restrict my child's participation in normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. I further agree that the consent, certification, and medical authorization shall remain in effect until revoked by me in written form and delivered to the church office, or until the end date indicated below.

### **RELEASE OF ALL CLAIMS**

In consideration of being accepted by Christ Evangelical Presbyterian Church of Houston, Texas, for participation in all church activities, events, or trips to be held during the year of **6/1/2018 through 5/31/2019**, we (I), being 18 years of age or older, for ourselves and on behalf of the child-participant do hereby release, forever discharge and agree to hold harmless Christ Evangelical Presbyterian Church, its staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") 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 said child participates in any church activity, event, or trip, regardless of the location(s) of such activity, event, or trip.

### **ASSUMPTION OF RISK**

Furthermore, we (I) assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in all aspects of the above referenced activity/event for ourselves and on behalf of the child-participant. Such risks may include exposure to other participants who are ill or have special medical conditions.

### **PERMISSION TO PARTICIPATE**

Further, we (I) are the parent(s) or legal guardian(s) of the participant, and grant our (my) permission for him/her to participate fully in all church activities, events, or trips. Christ Evangelical Presbyterian Church of Houston, Texas, or its agents is authorized to furnish any necessary transportation, food, and lodging for this participant, except when otherwise stated for the particular activity, event, or trip.

### **INDEMNIFICATION**

the undersigned agrees to hold harmless and indemnify Christ Evangelical Presbyterian Church of Houston, Texas, and its agents for any liability and related expenses sustained by said Church as the result of the negligent, willful, or intentional acts of said participant.

### **UNPLANNED TRANSPORTATION COSTS**

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) assume all transportation costs and, as appropriate, to fully indemnify and/or reimburse Christ Evangelical Presbyterian Church of Houston, Texas, or its agents.

### **PHOTO/AUDIO/WEB RELEASE**

Further, we (I) consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child-participant during their participation in any activity, event, or trip to be used, distributed, or shown as said Church sees fit, including, but not exclusive to: slideshows, church website, print media, and local newspapers.

### **CONSENT AND CERTIFICATION**

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of the student ministries at Christ Evangelical Presbyterian Church from **6/1/2018 through 5/31/2019** (school year) including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church youth group. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming (except as noted below). Further, I certify that I will notify Christ Evangelical Presbyterian Church in writing if the medical condition of my child changes.

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Printed name of Parent/Guardian

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Signature of Parent/Guardian

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Date