

**Medical/Liability Release Form  
Release of All Claims**

**In consideration for being accepted by Cinco Baptist Church for participation in any and all ministry activities during the calendar year 2008, this act is given for the entire year.**

- A. **For the Participant:** I/we, the undersigned, being 21 years of age or older, do for myself/ourselves hereby release, forever discharge and agree to hold harmless Cinco Baptist Church, and the directors, officers, staff, employees, and/or volunteer members thereof from any and all liability, claim or demands for personal injury, sickness, death, property damage, or expenses, of any nature whatsoever, which may be incurred by the undersigned that occur while I/we are participating in any activities or trips during said time period. Further, I/we hereby assume all risk of personal injury, sickness, death, damage, and expenses incurred attendant thereto.
  
- B. **For the responsible party of a participant:** I/we, being the custodial parent(s), guardian or responsible party for a participant under the age of 21 years, do participant shown herein and my own behalf, hereby release, forever discharge and agree to hold harmless Cinco Baptist Church, and the directors, officers, staff, employees, and/or volunteer members thereof from any and all liability, claim, or demands for personal injury, sickness, death, property damage or expenses, of any nature whatsoever, which may be incurred the said participant while participant is involved in any activities or trips. Further, I/we hereby assume on behalf of said minor all risk of personal injury, sickness, death, damages, and expenses as a result of participation in negligent, willful or intentional acts of the participant under the age of 21, including any expenses incurred attendant thereto. The undersigned declares that he/she is the legal guardian, parent, or custodian of the below written minor children or otherwise has authority to execute this release.
  
- C. **For both:** I/we hereby grant my/our permission for said child to participate fully in said trips and/or activities and hereby give my/our permission for the church to take myself/participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to, emergency surgery or medical treatments, and the undersigned assumes responsibility for all medical expenses, if any. If as an adult or a minor said participant is rendered unable to authorize medical treatment, the church through its agents is authorized to arrange for such treatment as may in their/its sole discretion be deemed appropriate. I will agree to hold church harmless for such actions taken, whether rightly or wrongly but in good faith, and agrees to hold free and harmless and indemnify the church for such expenses incurred. This act is authorization for the church to provide and necessary transportation, food, and lodging for the participant. Should it be necessary to return a participant home due to medical reasons, disciplinary action, or otherwise, I/we hereby assume responsibility for all transportation cost and agree to reimburse the church for any such expenses incurred.

\_\_\_\_\_  
Type or print name of participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/guardian name(s)

\_\_\_\_\_  
Parent/guardian's phone number

\_\_\_\_\_  
Address of custodial parent/guardian

\_\_\_\_\_  
Church's telephone

Medical insurance \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Insurance Company

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

\_\_\_\_\_  
Other emergency contacts and phone numbers

\_\_\_\_\_  
Primary care physician

\_\_\_\_\_  
Physician's telephone #

Note: One custodial parent/guardian signs in the presence of two witnesses for participants under age 21; otherwise participant should sign below:

I/we have read and understand the above and foregoing rules of conduct of participants and the release of liability/medical release form and agree that I/the participant must abide by same and the directions of the leadership during the activities this act covers. I/we hereby agree to said release of liability/indemnity agreements contained herein.

Date: \_\_\_\_\_

  X    
\_\_\_\_\_  
Participant/legal guardian

Sworn to and subscribed before me, on this \_\_\_\_\_ day of \_\_\_\_\_ Fort Walton Beach, Florida.

My commission is for life or \_\_\_\_\_

\_\_\_\_\_

## Medical and Liability Release Form Release of All Claims

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- B. **For the responsible party of a participant:** I/we, being the custodial parent(s), guardian or responsible party for a participant under the age of 21 years, do participant shown herein and my own behalf, hereby release, forever discharge and agree to hold harmless Cinco Baptist Church, and the directors, officers, staff, employees, and/or volunteer members thereof from any and all liability, claim, or demands for personal injury, sickness, death, property damage or expenses, of any nature whatsoever, which may be incurred the said participant while participant is involved in any activities or trips. Further, I/we hereby assume on behalf of said minor all risk of personal injury, sickness, death, damages, and expenses as a result of participation in negligent, willful or intentional acts of the participant under the age of 21, including any expenses incurred attendant thereto. The undersigned declares that he/she is the legal guardian, parent, or custodian of the below written minor children or otherwise has authority to execute this release.
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\_\_\_\_\_  
Type or print name of participant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent or guardian name(s)

\_\_\_\_\_  
Parent or guardian's phone number

\_\_\_\_\_  
Address of custodial parent or guardian

\_\_\_\_\_  
Church's telephone

Medical insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Insurance Company

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

Other emergency contacts and phone numbers

\_\_\_\_\_  
Primary care physician

\_\_\_\_\_  
Physician's telephone #

Note: One custodial parent or guardian signs in the presence of two witnesses or notary for participants under age 21; otherwise participant should sign below:

I/we have read and understand the above and foregoing rules of conduct of participants and the release of liability/medical release form and agree that I/ the participant must abide by same and the directions of the leadership during the activities this act covers. I/we hereby agree to said release of liability/ indemnity agreements contained herein.

Date: \_\_\_\_\_

  X    
\_\_\_\_\_  
Participant or legal guardian

Sworn to and subscribed before me, on this \_\_\_\_\_ day of \_\_\_\_\_ Fort Walton Beach, Florida.

My commission is for life or \_\_\_\_\_

\_\_\_\_\_