

Liability Release Form

(Release of all Claims)

New Horizons Church

A Ministry of the Church of God of Prophecy
2349 B Street Washougal, WA 98671

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

In consideration for being accepted by New Horizons Church a Ministry of the Church of God of Prophecy for participation in _____ (trip or activity), on _____ (date), at _____ (time) I do hereby release, forever discharge and agree to hold harmless New Horizons Church a Ministry of the Church of God of Prophecy 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 participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, volunteers and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

I understand that the group will be traveling either by church van, rental vehicle, or personal vehicles driven by licensed adult chaperones.

Signed this _____ day of _____, 20_____

The undersigned further consents to the administration of first-aid/or doctor's care, or any other 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 as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, volunteers 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.

Participant _____
(Parent's/Legal Guardian's Signature)

Allergies: _____

Medications being taken: _____

Participant's Insurance Company: _____

Policy Number: _____

Emergency Contact Name and Number: _____

Home/Cell #: _____ Work #: _____

Coordinator/Director _____