

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by River of Life Christian Church for participation in any church event or otherwise occurring from January 01, 2005 and any date thereafter, we (I) being twenty-one (21) years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant if said child is not twenty-one (21) years of age or older] do hereby release, forever discharge and agree to hold River of Life Christian Church 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 participating in the above-described trip or activity, or any trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of twenty-one (21) years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any and all events, meetings, 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. **This release covers transportation provided by ROLCC and their representatives who are properly licensed to drive in the state of California that will be driving the minors to ROLCC or any other site during program and activities.**

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 21 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, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(Type or print name of participant)

[Parent(s) telephone]

Hospital Insurance: ___Yes ___No

Insurance Company: _____

Policy Number: _____

Physician's Phone Number: _____

Emergency Phone Numbers: _____

(Regardless of age, both parents along with participant must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date

Participant's Signature

Date

Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directors of the leadership of the trip, event, or activity.

Participant