

# *Liability Release*

## **RELEASE OF ALL CLAIMS**

We, the undersigned parent(s) or legal guardian(s) for \_\_\_\_\_, do hereby  
(Please Print Students Name)

release, forever discharge and agree to hold harmless **Paramount Christian Church** and the representatives 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 my child in the course of participation in the **2012 Labor Day Weekend Senior High Campout & Hike.**

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences.

We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Home Street Address, City & Zip

\_\_\_\_\_  
Home Phone Number

Both parents must sign, unless only one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name and Phone number

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency contact and Phone number

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

\_\_\_\_\_  
Non-Custodial Parent/Number    Contact?

\_\_\_\_\_  
Policy Holder and Number

\_\_\_\_\_  
Allergies child has (Medications)

*By signing this we are stating we have read and understand the front and back of the handout labeled with the event name (available online, at both campuses, and through any student or youth staff).*