



Zion Hill Baptist Church
Summer Fun with the SON!
Liability Release Form • Release of All Claims

In consideration for being accepted by the **Zion Hill Baptist Church** for participation in the:

Summer Fun with the SON and all related events
Event or activity

June – July 2014
Date(s)

We (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge of my child and agree to hold harmless **Zion Hill Baptist Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages 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 activity.

Furthermore, we (I) {and on behalf of our (my) child-participant if under the age of 21 years} hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I authorize and permission is granted to said church to arrange any necessary transportation for medical emergencies.

The undersigned further hereby agree to hold harmless 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 am) 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 activity or event, 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.

(BOTH parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Type or print name of participant		Home/Primary Telephone	
Fathers Work Telephone		Father Signature	DATE
Mothers Work Telephone		Mother Signature	DATE
Mothers Cell phone	Fathers Cell phone	Legal Guardian Signature	DATE
Hospital Insurance: ___ Yes ___ No		Copy of insurance card attached/on file : ___ YES ___ NO	
Insurance Company Name		Insurance Phone Number	
Name Primary Insured		Policy Number/Member ID	
Group Name		Group Number	
Physician		Physician Phone Number	
Emergency Contact: _____			
Name/Relationship to child		Phone number	
Name/Relationship to child		Phone number:	

The Summer Fun with the SON admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.