

First Reformed Church

LIABILITY RELEASE AGREEMENT

I, the undersigned parent or guardian of my child, _____, wish for my child to participate in ALL YOUTH TRIPS AND ACTIVITIES DURING THE PERIOD FROM SEPTEMBER 1, 2009 THROUGH AUGUST 31, 2010 (“Activities”) sponsored by First Reformed Church of Oak Harbor, a Washington nonprofit corporation (the “Church”).

The Church and I agree that the Activities pose risks, including, without limitation, all risks included in air, van, bus or car travel, food poisoning, broken bones, bodily injury, head injury and death, as well as similar and dissimilar risks (the “Risks”).

Except as listed in the Medical Treatment Authorization below, I attest that my child has no medical conditions that would prevent him/her from participating in the Activities.

For and in consideration of the Church allowing my child to participate in the Activities, and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I, on behalf of my child and his/her personal representatives, heirs, successors and assigns, parents, guardians and next of kin, agree to indemnify, hold harmless and defend the Church, its officers, employees, agents and volunteers from and against all claims and liabilities on account of injury or death my child or injury to the property of my child, whether caused by the negligence of the Church, and/or its officers, employees, agents or volunteers, or otherwise, while my child is participating in the Activities.

I am fully aware of the Risks and other hazards inherent in the Activities, and am allowing my child to participate in the Activities, and voluntarily assume the Risks and all other risks of loss, damage, or injury that may be sustained by my child while participating in the Activities.

I warrant that I have fully read and understand this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me.

CAUTION: READ BEFORE SIGNING

Date: _____

(Sign Name)

(Print Name)

(Relationship to Child)

WITNESS: _____

MEDICAL TREATMENT AUTHORIZATION

In the event I cannot be reached in an emergency which occurs while my child is participating in a youth trip or activity sponsored by First Reformed Church of Oak Harbor, a Washington nonprofit corporation (the "Church"), during the period from September 1, 2009 through August 31, 2010, I hereby authorize the adult workers in whose care my child has been entrusted to consent to any examination, x-ray, anesthetic, medical, surgical or dental diagnosis or treatment, or hospital care, to be rendered to my child under supervision of any licensed physician or dentist or hospital, whether such services to be rendered to my child are at a physician or dentist's office or a hospital. I shall be liable for, and agree to pay, all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization.

Should it be necessary for my child to return home from a Church-sponsored trip, due to medical reasons, I agree to pay all transportation costs.

Name of child _____ Date of birth _____
Street Address _____ City _____ State _____ Zip _____
Home phone _____ Parent's work/daytime phone _____
Emergency Contact _____ Emergency phone _____
Family Doctor _____ Doctor's Phone _____
Health Insurance Company _____ Policy Number _____

Health History (check all applicable):

Insect sting allergies___ Heart condition___ Frequent colds___ Drug usage___ Chronic asthma___
Frequent stomach upsets___ Hay fever___ Diabetes___ Physical handicaps or limitations___ Other ___
If any of the above checked, please give details: _____

Date of last tetanus shot _____

Any activity restrictions (swimming, exercise, etc.) Yes___ No ___

If answered yes, please give details: _____

I warrant that I have fully read and understand this Medical Treatment Authorization, and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me.

CAUTION: READ BEFORE SIGNING

Date: _____

(Sign Name)

(Print Name)

(Relationship to Child)

WITNESS: _____