

MATTHEWS CHURCH OF GOD

Liability Release Form

In consideration for being accepted by Matthews Church of God for participation in the following:

We (*I*), being 21 years of age or older, do for ourselves (*myself*) and for _____ (*child*) do hereby release, forever discharge and agree to hold harmless Matthews Church of God, its pastor, church elders, trustees, and any employee, agent, driver, or any other person connected with said church, 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/or the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (*I*) and on behalf of our (*my*) child _____ hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in 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.

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.

Medical Release Form

(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.

Finally, we (*I*) grant our (*my*) permission for Matthews Church of God to use any or all photographs of our/(*my*) child(*ren*) on the Matthews Church of God webpage & Facebook. We (*I*) understand that the staff of MCOG Youth Ministries will make every effort to remove any identifying information from the picture before posting it on the site.

(*Please attach a photocopy of Insurance Card & Prescription Card (front and back of each card)

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Hospital Insurance - Yes No List allergies to food, etc. medicine, and medical problems

Parent(s) / Guardian(s) Home phone # _____

Parent(s) / Guardian(s) Cell phone # _____

Insurance Company (*insurance required*) _____

Policy # _____

Emergency Contact _____

Family Physician Name and Number _____

Emergency Contact _____

Parent(s) / Guardian(s) Home Address: _____

Birth Date: ____/____/____ Male Female

Type or Print Name of Participant #1 _____

Birth Date: ____/____/____ Male Female

Type or Print Name of Participant # 2 _____

PARENT(S) OR LEGAL GUARDIAN (S) MUST SIGN THIS FORM

I (we) the Parent(s) or Legal Guardians(s) _____
have read the above Liability and Medical Release form and hereby release MCOG of any medical or
liability account.

Participant(s) name (Please Print) _____

Parent/Guardian Signature _____

Participant (s) Signature- _____

*I have read the foregoing and understand the rules of conduct for participants and will abide by them
as well as the directions of the leadership of the above-mentioned trip(s).*