

Neuse Baptist Church
8700 Capital Blvd.
Raleigh, N.C. 27616

Release from Liability Form For Student Ministry Activities – 2009-2010

I, the undersigned parent(s)/adult/guardian(s), hereby consent for my child, _____, who is _____ years of age, to participate from May, 2009 through December, 2010 in all of the activities sponsored by the Student Ministry of Neuse Baptist Church. I have received a schedule for the activities and understand that church vehicles will be used to transport my child.

I certify that my child is able to participate in any and all activities, including overnight trips. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached within a reasonable period of time, as determined by church officials, I hereby authorize the designated adult church sponsor to make emergency medical decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Neuse Baptist Church and its agents, employees, and volunteers from any and **all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever**, which I now have or which may arise in the future, in connection with my child's participation in the described activities including, but not limited to, any injury to myself, my child, or my property, even injury resulting in death. I agree to make no claims for reimbursement costs of any accidents or injuries that may occur as a result of this activity.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of North Carolina and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release contains the entire agreement between the parties hereto.

(OVER)

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Medical conditions to be declared: _____

Physical restrictions: _____

Instructions and medications: _____

Medication Authorization form has been completed for medicines that are to be administered/supervised by staff.

Date of last tetanus or booster: _____

Contacts in case of emergency:

	Names:	Phone:	Phone:	Phone:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Child's Name: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____

Insurance Information

Company: _____

Name of Policy Holder: _____

Relationship to Participant: _____

Policy Number: _____ Phone Number: _____