

FOOTHILLS COMMUNITY CHURCH
LIABILITY RELEASE FORM TO PARTICIPATE IN YOUTH ACTIVITIES
OR FIELD TRIPS
 Release of All Claims

In consideration for being accepted by Foothills Community Church (the Church) for participation in Youth Activities for the calendar year of 2021 within the United States 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, hereby release, forever discharge and agree to hold harmless Foothills Community Church and the directors, 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 trip or activity.

I (We) hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in the activity.
- 2) I grant the Church, its employees, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
- 3) Accident and health insurance are recommended for my participation in this field trip/activity. I understand that Foothills encourages me to have appropriate insurance coverage for the entire time of the field trip/activity.
- 4) I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the trip.
- 5) I voluntarily indemnify and hold harmless the Church, Board, Employees, and volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses, of any natures (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the Church, Board employees, and volunteers, while acting within the scope of their employment or duties for the Church.
- 6) I acknowledge that I have read this document and understand and accept its terms.

 Participant's Signature

 Print Participant's Name

 Date

 Parent (s) phone

 Emergency phone

 Parent Name
 Please Print

 Or Legal Guardian Name
 Please Print

 Parent or Legal Guardian's Signature

 Date

Parent Medical and Liability Release Statement
Foothills Community Church

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Foothills Community Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Foothills community Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Foothills Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____

Date _____

Signature of Student (if over 18 years of age) _____

Health Form

Foothills Community Church

Name of Student _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Date of Birth _____ Age _____ Sex _____

Height _____ Weight _____

Emergency Contact:

Parent/Guardian Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Alternate Contact: (use someone near the primary contact)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes _____ No _____

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone Number _____

Health Form
Foothills Community Church (Continued)

If your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken while participating in this activity:

Allergies to medications? Yes No If so, what? _____

Other allergies? Yes No If so, what? _____

Does your child have any of the following conditions? If so, please check.

Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Stings _____

Epilepsy/Nervous Disorder _____ Asthma _____ Frequent Stomach Upsets _____

Physical Handicaps _____ Major Illnesses during the past year _____

If any of the above is checked, please give details. (Example: include normal treatment of allergic reactions.)

Date of last Tetanus Shot _____ Contact Lenses? _____

Any swimming restrictions? Yes No

Print Parent or Legal Guardian's Name

Print Participant's Name

Parent or Legal Guardian's Signature

Participant's Signature (if over 18)

Date

Date