

# 20\_\_-20\_\_ Liability Release Form

## Release of All Claims

In consideration for being accepted by First Reformed Church of Lynden for participation in all J.A.M. activities, September 1, 20\_\_ thru August 31, 20\_\_, 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 and agree to hold harmless First Reformed Church of Lynden and the directors/staff thereof from any and all liability, claims of 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 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-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.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant, including the church bus and/or staff/volunteer personal vehicles.

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.

(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 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.

Please **Print** the following information:

Participant's Name \_\_\_\_\_

Participant's Birth Date \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Cell \_\_\_\_\_

Mother's Cell \_\_\_\_\_

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

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Legal Guardians Signature

### Participant Only

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 trip / event.

\_\_\_\_\_  
Participant's Signature

### Permission to Walk

I give permission to named church to release my child from Wednesday night JAM activities upon their completion to walk home on their own.

\_\_\_\_\_  
Parent Signature





# FIRST REFORMED CHURCH

610 Grover St. / Lynden, WA 98264  
Medical Release Form  
Valid September 1, 20\_\_ thru August 31, 20\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex (circle) male/female

Have you had a Tetanus Shot in the last five years? Yes No

Drivers License # \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Physician's Information**

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

**Insurance Information**

Medical Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Do you have a prescription plan with your insurance? Yes No

**Medications**

Is the student currently taking any medication (prescribed or over-the-counter (otc)) – be specific

Medication	Prescribed by/otc	Dosage	Time
_____	_____	_____	_____
_____	_____	_____	_____

Please circle all the otc medications that you authorize FRC paid or volunteer staff to dispense to your child.  
(If non are circled, no otc medications will be dispensed).

**Tylenol** (headache/pain/fever)  
**Anti-Diarrheal**

**Dramamine** (motion sickness)  
**Pepto Bismol** (upset stomach)

**Ibuprofen** (pain/swelling)  
**Other:**

**Allergies**

Is the student allergic to any medications, foods, latex (materials found in gloves), or any other substance?

If yes, please list specific allergies below.

\_\_\_\_\_  
\_\_\_\_\_

**Authorization**

I hereby certify that the above information is accurate to the best of my knowledge. To assure that safety and the health of the above named, I hereby authorize and appoint as my attorney-in-fact, First Reformed Church of Lynden, WA and representatives of the church to arrange for medical and dental care, and to give oral and/or written consent on my behalf for medical or dental treatment including surgery deemed necessary by a licensed physician.

**Parent or Legal Guardian(s)**

Father (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

