

## RELEASE OF LIABILITY AND PERMISSION TO PARTICIPATE

The **Release of Liability and Permission to Participate** form is completed for each individual activity and signed by the participating adult, or youth parent/guardian for each trip and/or activity.

A separate **Minor Health Release** form is completed for children under the age of 18, and is valid for a one-year period from the parent/guardian signature date.

A separate **Adult Health Release** form is completed for adults over the age of 18 and is valid for a one-year period from the date.

Church Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Participant's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Participant's Date of Birth (if under 18) \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

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

Adult or Parent/Guardian Phone \_\_\_\_\_ Adult or Parent/Guardian Work Phone \_\_\_\_\_

Adult or Parent/Guardian Mobile Phone \_\_\_\_\_ Adult or Parent/Guardian Email \_\_\_\_\_

Emergency Contact Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Emergency Contact Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Special needs or medical concerns:

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

*I am the adult participant or the participant's parent or guardian (if under the age of 18) and grant permission for full participation in the event and do hereby give permission to oversee any necessary medical treatment by a doctor or hospital and hereby grant permission for the above listed participant to participate in the above identified event. I do hereby release from any liability Buncombe Street United Methodist Church and any and all adult sponsors, church officers, staff and volunteers in the event of an accident enroute, during and/or returning from the event.*

Signature \_\_\_\_\_ Date \_\_\_\_\_