



2017 FAITH CHURCH SUMMER CAMP

Liability Release Form

Child's name: _____ Age: _____ Grade (2017-2018) _____
 Release of all claims – Participant under 18 years of age

In consideration of being accepted by Faith Evangelical Presbyterian Church for participation in attendance at the 2017 Faith Summer Program, (I), being 18 years of age or older, for ourselves (myself) and for and on behalf of our (my) child participant, do hereby release, forever discharge, and agree to hold harmless Faith Evangelical Presbyterian Church and the directors thereof 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 occurs while said child is participating in the above-described trip or activity.

Furthermore, we (I), and for and on behalf of our (my) child participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation activities involved therein.

The undersigned further hereby agree(s) to hold harmless and indemnify Faith Evangelical Presbyterian Church, its directors, employees and agents from any liability sustained by said church as the result of negligent, willful, or intentional acts of said participant, including expenses attendant thereto.

The undersigned also understands that any raw video footage or photographs taken during said trip or activity may be used for future publicity.

We (I) are/am the parent(s) or legal guardian(s) of this participant, and thereby grant our (my) permission for him/her to participate fully in said trip or activity, and hereby give our (my) permission to take said participant to a doctor or hospital, as deemed necessary by the staff members and/or volunteers of Faith Evangelical Presbyterian Church. Further, we (I) hereby authorize medical treatment, including but not limited to, emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any.

Furthermore, should it be necessary for the participant to return home due to medical reasons, discipline action, or otherwise, we (I) assume all transportation costs.

 Print Name of Participant

Parent / Legal Guardian Signature

Parent/Legal Guardian Signature

Parent(s) Telephone Number(s)

State of Florida
County of Hernando

The foregoing instrument was acknowledged before me by _____ who is
personally known to me, or who produced _____ as identification this
_____ Day of _____, 2017.

Notary Public