LIABILITY RELEASE & PARENTAL CONSENT FORM

(Revised February 2007)

In consideration for being accepted by *THE CHAPEL ON THE CAMPUS and THE CHAPEL IN THE OAKS* for participation in the following activity: **The Chapel Middle School Back to School Bash Lock In, August 20-21, 2010**, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless and indemnify *THE CHAPEL ON THE CAMPUS* and its directors, officers, employees, agents, and anyone else for whom it may be held liable from any and all liability, claims or demands (including attorney fees, defense costs, expenses, court costs, etc.) 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 18 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in transportation, recreation and work activities involved therein, recognizing the inherent risks and dangers involved in participation in this activity.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, lodging, and medical treatment, including, but not limited to, emergency surgery or medical treatment, and the responsibility for all such expenses incurred is hereby assumed by the participant, and/or his/her parent or legal guardian.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, officers, employees, agents, and anyone else for whom it may be held liable for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including attorney fees, defense costs, expenses, court costs, etc. incurred attendant thereto. We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission to take said participant to a doctor or hospital and to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital and assume the responsibility for all medical bills incurred, 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.

Any modification of this form is null, void, and without legal effect.

_____
Type or print name of participant

_____ Male___ Female___
Date of Birth

_____ _____
School Grade

Hospital Insurance_____Yes _____No
Insurance company:_____
Policy number_____

Physician_____
Physician telephone_____

Emergency phone numbers during event:
_____

Pastor's telephone:_____
Home church: _____

Both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

_____
Father Date

_____
Mother Date

_____
Legal Guardian Date

Address of Parents/Guardian:
_____
_____

Dad's phone numbers:
H_____ C_____ W_____

Mom's phone numbers:
H_____ C_____ W_____

List allergies or special medical problems: _____
_____

TRIP 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.

_____
(Participant's signature)

I would like to be a parent volunteer to help with this event: Name_____Phone_____