

**REEDY FORK BAPTIST CHURCH
LIABILITY RELEASE FORM
Release of All Claims**

In consideration for being accepted by Reedy Fork Baptist Church for participation in

_____,
we (I), being 21 years of age or older, do for ourselves (myself) (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 Reedy Fork Baptist 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 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.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize 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.

(Print name of participant)

Only participant need sign if 21 years or older. If under 21 both parents must sign unless parents are separate or divorce in which case the custodial must sign.

(Parent's Telephone)

(864) 243-3495
(Church Telephone Number)

Mother

Date

Father

Date

Parent/Guardian Signature

Date

Participant Signature

Date

Emergency Phone _____

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 Signature

Date

PLEASE FILL OUT THE FRONT AND BACK OF THIS FORM IN ITS ENTIRETY.

**Reedy Fork Baptist Church
Registration Form**

Event: _____

Date: _____

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Grade _____

Telephone _____

Medical Information

Current Medications:

List any medical problems below:

List any allergies (food/medication) below:

Person to notify in case of emergency:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone/Beeper _____

Please list an alternative person in case of emergency:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone/Beeper _____

Hospital Insurance () Yes () No Preferred Hospital: _____

Insurance Company: _____

Policy Number _____

Physician _____

Physician Phone _____

Emergency Phone _____