

Liability Release/ Health Form

This instrument is executed by the undersigned in connection with the participation of his/her or their minor child in activities conducted by or in connection with the Harpeth Community Church Youth (HCCY) of Harpeth Community Church. We (I) being 21 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child-participant who is not yet 21 years old, do hereby release, forever discharge, and agree to hold harmless HCCY and Harpeth Community Church, the directors thereof, and the adult chaperones of the HCCY Activities, 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 while said child is participating in any of the HCCY Activities.

Furthermore, we (I) hereby assume all risk of personal injury, sickness and death, damage and expense as a result of our (my) child-participant's involvement in all HCCY Activities.

Furthermore, HCCY and Harpeth Community Church acting by and through its employees or adult chaperones are hereby granted authority and permission to furnish any necessary transportation, food, and lodging for our (my) child-participant in connection with HCCY Activities.

The undersigned further hereby agrees to hold harmless and indemnify HCCY, Harpeth Community Church, its directors, and the adult chaperones of the HCCY Activities for any purported liability sustained as the result of the negligent, willful, or intentional acts of our (my) child-participant, including expenses incurred attendant thereto. Our (my) signature(s) below further evidence our (my) permission for the below named minor child to participate fully in all HCCY Activities.

Print name of participant

Participant's signature

Mother's signature (if under 21)

Father's signature (if under 21)

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

I, the undersigned, am the parent or legal guardian of _____, a minor. In the event of a medical emergency, as determined by an employee of Harpeth Community Church or an adult chaperone for the HCCY Activities, I hereby extend power of attorney for the authorization of medical care for the above named minor child at any hospital, clinic, doctor's office, or other medical facility. I assume full responsibility for any and all medical expenses incurred should medical care be needed.

The child's regular physician is _____

Physician's office telephone number _____

Child's Date of Birth _____ Last Tetanus Shot _____

Allergies _____

Existing medical problems _____

Routine medications _____

Restrictions _____

Insurance Company _____

Insured Person _____ Policy No. _____ Group No. _____

Parent or Legal Guardian (please print)

Address _____

Telephone Numbers

(H) _____ (W) _____ (C) _____

Other Emergency Contact Name and Telephone Number

Signature of Parent/Guardian

Date _____