

**BETHANY COMMUNITY CHURCH
RELEASE OF LIABILITY AND ASSUMPTION OF RISK
JUNE 28-AUGUST 30**

I hereby give my permission for _____ to take part in various church sponsored youth trips, outings, and camps. I understand that attending any off-campus event sponsored by Bethany Community Church includes some inherent risk, including but not limited to accident, personal injury, loss of property, and risks of vehicle travel. I am voluntarily allowing my child to participate in this/these BCC summer event(s) with the knowledge of the dangers involved. In consideration of the right to participate in this event/trip, I hereby fully assume all risk of accident, illness, injury, death and/or property damage or loss suffered by my child on account of or while engaged in this activity. I hereby fully discharge, release and agree to hold harmless Bethany Community Church and its agents, employees, officers, associates, and the adult chaperons who are in attendance on this/these events from all actions, claims, and demands for death, injury or damages resulting from my child's participation in the trip, event, or activity. This release of liability shall be binding upon me personally, and my estate, heirs, administrators, executors, assigns, and all members of my family. I further give the adult chaperons the authority to administer, arrange for, or give consent for any emergency medical or dental treatment for my child. I have carefully read this agreement and fully understand it. I agree to all conditions set forth in the preceding paragraphs and I agree to cooperate fully with the adult chaperons and BCC staff in attendance on the trip.

Insurance Coverage: _____

Physician Contact: _____ Phone: ____ () - _____

Person(s) to notify in case of emergency:

Name: _____ Phone: ____ () - _____ Relationship: _____

Name: _____ Phone: ____ () - _____ Relationship: _____

CHILDS HEALTH INFORMATION

Allergies: (foods, medicines, pets, smoke, bees, etc.) _____

Physical needs/issues that may require assistance or accommodation: _____

Do you consent for your child to participate in water activities (swimming, water skiing, etc.), yes or no: _____

Name of parent or guardian (please print): _____

Signature: _____ Date: _____