First United Methodist Church

Liability Release Form to Participate in Respite Activities and Trips

Release of All Claims

In consideration for being accepted by ***First United Methodist Church*** for participation in **Respite Field Trips and activities** for the calendar year 2016 we, (I), being 21 years or older, due for release and forever discharge and agree to hold harmless ***FUMC*** and the directors, of any nature whatsoever which may be incurred by the undersigned and the adult-participant that occur while said adult is participating in the above described trip or activity.

I (We) hereby agree as follows:

1. I assume full and financial responsibility for my loved one’s participation in the activity.
2. I grant the Church, its employees,clergy, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
3. Accident and health insurance are recommended for my participation in this field trip/activity. I understand that First United Methodist encourages me to have appropriate insurance coverage for the entire time of the field trip/ activity.
4. I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the trip.
5. I voluntarily indemnify and hold harmless the Church, Board, Employees, and volunteers, their respective officers, and agents from any and all liability, loss personal injury, sickness or death, as well as property damages, coats, or expenses, of any natures (including attorney’s fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of an scope of their employment or duties for the Church.
6. I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Participant’s Signature Print Participant’s Name

Emergency phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_