

**LEMOORE PRESBYTERIAN CHURCH**  
**RELEASE OF LIABILITY**

Dear Parent or Legal Guardian:

If you would like your child to participate in this event that requires transportation to a location away from Lemoore Presbyterian Church, please complete, sign, and return this statement of consent and release of liability. As a legal guardian you remain legally responsible for any personal actions taken by the named minor (“participant”).

This activity will take place under the guidance and supervision of employees and/or volunteers from Lemoore Presbyterian Church. A brief description of the activity is as follows:

Type of event:	<b>Outdoor Field Trip</b>
Destination:	<b>Yosemite National Park, CA</b>
Individual(s) in charge:	<b>Pastor David Dack, Melody Downie-Dack</b>
Date and estimated time of departure and return:	<b>April 17, 2019 7:00AM – 8:00PM</b>
Mode of transportation to and from event:	<b>Volunteer Drivers</b>

**Participant’s Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Parent/Guardian name:** (please print): \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Lemoore Presbyterian Church, its officers, directors, employees and agents, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Lemoore Presbyterian Church, its officers, directors and agents, its employees and agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses that may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Lemoore Presbyterian Church.

**MEDICAL MATTERS:** I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

*Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency contact name (please print): \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Any other Specific Medical Information (i.e. allergies, history of seizures, current medications): \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_