



LIABILITY RELEASE & PERMISSION FORM
RELEASE OF ALL CLAIMS

Camper's Name _____

Activity: Elementary Summer Camp, Dry Gulch USA: July 29 – Aug 2, 2009

On behalf of my child-participant who is under the age of 21 years, I do hereby release, forever discharge and agree to hold harmless The Worship Center and it's paid and volunteer staff (the Organization) 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 the child-participant that occur while said child is participating in the above described trip and 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 Organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Organization.

The undersigned further hereby agrees to hold harmless and indemnify said Organization, its directors, employees, counselors, and agents, for any liability sustained by said Organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said camp, and hereby give our(my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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.

I have read and agree to the terms contained herein.

Both parents or legal guardians must sign unless parents are separated or divorced, in which case the custodial parent must sign and date.

_____ Date _____
Parent or Legal Guardian Signature

_____ Date _____
Parent or Legal Guardian Signature