

## 2017-2018 Trip Waiver/Medical Release

In consideration for being accepted by Westwood Community Church (hereafter called "The Church")

for participation in: \_\_\_\_\_

We (I), on behalf of our child-participant, do hereby release, forever discharge and agree to hold harmless The Church, the directors thereof, 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 or activity.

Furthermore, I (we), on behalf of our child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreational and work activities involved therein.

Further, authorization and permission is hereby given to said corporation to furnish any necessary transportation, food and lodging for this participant as per they schedule for the event.

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

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 trip. The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult, in whose care the minor has been entrusted, while attending and participating in activities.

I (We) 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 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.

\_\_\_\_\_  
(Type or print name of participant)

\_\_\_\_\_  
(Parent(s) Signature)

\_\_\_\_\_  
Date

Home Phone Number \_\_\_\_\_ Father's Work Phone Number \_\_\_\_\_

Mother's Work Phone Number \_\_\_\_\_

Hospital Insurance    Yes                      No    (circle one)

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Office Phone \_\_\_\_\_

### Emergency Phone Numbers:

Name and relation to Trip Participant \_\_\_\_\_

Phone Number \_\_\_\_\_