

# Liability Release Form (Under 19)

New River Community Church of God  
117 Wheeler Creek Rd., Sneads Ferry, NC 28460 910 327-6722

**Activity: 2022 Ski Trip - Winter Place, WV**

**Date: January 28-30, 2022**

The undersigned are the parent(s) or legal guardian(s) of

(Participants Name) \_\_\_\_\_,  
who is under the age of 19 years. Permission is granted for him/her to participate fully in said activity or trip (2022 Ski Trip). Permission is also given 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.

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. Further, authorization and permission is hereby given to New River Community Church and its leaders to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its staff, leaders, and volunteers, 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.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Participant's Physician

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Participant's Insurance Company & Policy Number

Allergies and Medical Conditions (Please list):

\_\_\_\_\_  
\_\_\_\_\_

Medications (Please list ALL medications that Participant is currently taking):

\_\_\_\_\_  
\_\_\_\_\_

\*Please write any medical condition or additional information that may be needed on the back of this paper.

# Liability Release Form (19 and Over)

New River Community Church of God  
117 Wheeler Creek Rd., Sneads Ferry, NC 28460 910 327-6722

**Activity: 2022 Ski Trip, Winterplace, WV**

**Date: January 28-30, 2022**

Participant: \_\_\_\_\_

In consideration for being accepted by New River Community Church of God, Sneads Ferry, for participation in said event (2022 Ski Trip) I, being 19 years of age or older, do for MYSELF, do hereby release, forever discharge and agree to hold harmless New River Community Church of God, Sneads Ferry, and 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 above participant while participating in the above described trip or activity.

Furthermore, I, the above participant, hereby assume all risk of personal injury, sickness, death, damage & expense as a result of participation in recreation or activities of any kind. Permission is also given to New River Community Church of God, Sneads Ferry, to furnish transportation, food, and lodging.

I, the undersigned and above participant, further agree to hold harmless and indemnify said 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.

I hereby give my permission to take me, the undersigned and above 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.

Further, should it be necessary for the me, the undersigned and above participant, to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation cost.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Participant's Physician

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Participant's Insurance Company & Policy Number

Allergies and Medical Conditions (Please list):  
\_\_\_\_\_  
\_\_\_\_\_

Medications (Please list ALL medications currently taking):  
\_\_\_\_\_  
\_\_\_\_\_

\*Please write any additional information that may be needed on the back of this paper.