

Christ Memorial Reformed Church

Liability Release Form

Name/Address/Phone of
PARTICIPANT

Name/Address/Phone of
PERSON TO CONTACT IN AN
EMERGENCY

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

RELEASE OF LIABILITY

The PARTICIPANT, their PARENTS, GUARDIANS, HEIRS, ASSIGNS and REPRESENTATIVES hereby release Christ Memorial Reformed Church, its staff members, volunteers, agents and representatives of any and all liability for any loss, injury, or property damage which may be the result of any aspect of any mission trip, retreat, event or excursion the Participant may participate in so long as specific written permission has been given by the Parent/Guardian for the Participant to participate in the specific mission trip, retreat, event or excursion. The Participant and the Participant's Parent(s) and/or Guardian(s) understand, acknowledge and accept that there are inherent risks, both known and unknown, in travel and in the activities in which the participant will engage in during mission trip, retreat, event or excursion.

The Participant and the Participant's Parent(s) and/or Guardians understand, acknowledge and accept that these risks may result in serious injury and/or death.

The Participant and the Participant's Parent(s) and/or Guardians also understand and acknowledge that individual Participants are not covered under any policy of insurance held by Christ Memorial Reformed Church and that Participants must provide any and all insurance coverage for themselves, including, but not limited to health, life and liability insurance.

Photographs or videos may be taken during the experience of the mission trip, retreat, event or excursion you or your child will be participating in. By signing this form, you are authorizing Christ Memorial Church to use those videos and/or photographs in any manner deemed appropriate by Christ Memorial Church, including, but not limited to use in promotional materials or church services.

I have read, understand and accept the terms above.

Participant Signature

Dated: _____

Parent or Guardian (if participant under age 18)

Dated: _____

Prepared by:

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