

**LIBERTY GROVE BAPTIST CHURCH, JACKSON TN
LIABILITY RELEASE/SPECIAL POWER OF ATTORNEY FORM**

Name of Child: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Any known allergies/medications: _____

In consideration for being accepted by the Liberty Grove Baptist Church of Jackson, TN for participation in the church trip to Holiday World, Santa Claus Indiana from July 20-22, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Liberty Grove Baptist Church of Jackson, TN 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 child-participant that occur while said child is participating in the above-described 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, transportation, and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, or other needs to this participant.

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

IF THE PARTICIPANT HAS NOT YET 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 above-described activity, 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 of medical treatment, and assume the responsibility of all medical bills, if any. Further, should transportation costs be involved, we (I) assume all costs.

Liberty Grove Baptist Church of Jackson, TN may generally do and perform in our (my) name all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present.

Adult Participant/Parent/Legal Guardian Signature/Date

Print Name

Adult/Parent/Guardian Phone Number (Day/Night/Mobile)

Hospitalization Insurance Company / Phone

Group or Policy Number

Emergency Contact / Phone Number

Witness thereof; I have hereunto set my hand and seal,
Sworn to and subscribed before me this _____ day of _____, 20____.

SEAL

Notary Public