

Liability Release Form

NAME: _____ **DATE:** _____
Name of Minor Today's Date

Activity: _____

As a parent/ Guardian of above minor youth and participant in the Grace and Truth Bible Church (GTBC) Youth Program, I do hereby release, forever discharge and agree to hold harmless GTBC, and the directors/ pastors/ volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses including the negligence of any GTBC worker. This release covers transportation provided by GTBC and its representatives who are properly licensed to drive in the state of Pennsylvania: And meetings on the church campus site or any other site during programs and activities: And refreshments, purchased or homemade that will be served at above program: And Consent for emergency Medical or Dental Treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, the undersigned agrees to pay for all costs and expenses. **Please write below any allergies, or medical problems, or medications.** This Liability Release Form will remain in effect as long as the named minor child/ youth is a participant in any GTBC activity or program, or the child/youth reaches adulthood at age 18.

Medical Information

Insurance Co. _____
Name of Insured _____
Policy # _____
Physician _____
Emergency Phone #s _____

Home Phone _____
Cell Phone _____
Work Phone _____

Parents Name/Guardian _____

I have read the above and understand the information:

Signature of parent/guardian Print your name

Date _____ Accepted by _____
Today's date Youth Pastor/ Church Secretary

Liability Release Form

NAME: _____ **DATE:** _____
Name of Minor Today's Date

Activity: _____

As a parent/ Guardian of above minor youth and participant in the Grace and Truth Bible Church (GTBC) Youth Program, I do hereby release, forever discharge and agree to hold harmless GTBC, and the directors/ pastors/ volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses including the negligence of any GTBC worker. This release covers transportation provided by GTBC and its representatives who are properly licensed to drive in the state of Pennsylvania: And meetings on the church campus site or any other site during programs and activities: And refreshments, purchased or homemade that will be served at above program: And Consent for emergency Medical or Dental Treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, the undersigned agrees to pay for all costs and expenses. **Please write below any allergies, or medical problems, or medications.** This Liability Release Form will remain in effect as long as the named minor child/ youth is a participant in any GTBC activity or program, or the child/youth reaches adulthood at age 18.

Medical Information

Insurance Co. _____
Name of Insured _____
Policy # _____
Physician _____
Emergency Phone #s _____

Home Phone _____
Cell Phone _____
Work Phone _____

Parents Name/Guardian _____

I have read the above and understand the information:

Signature of parent/guardian Print your name

Date _____ Accepted by _____
Today's date Youth Pastor/ Church Secretary