

# Presbyterian Church of Novato

Physical Address: 710 Wilson Avenue

Mailing Address: P.O. Box 631, Novato, CA 94948

## **2008-2009 Liability and Release Form**

In consideration for being accepted by Presbyterian Church of Novato (PCN) for participation in any event administratively organized by PCN or any of its officers, directors, employees, and agents, during June 1, 2008 through May 31, 2009, 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 PCN and its officers, directors, employees, and agents from any and all manner of suit, 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 while the said child-participant is participating in any event administratively organized by PCN or any of its officers, directors, employees, and agents.

Furthermore, we (I) recognize that the conditions in some of the places to which said participant will be traveling are not of the same standards as the conditions to which we (I) are (am) accustomed. We (I) recognize further that there are certain health risks as well as other risks to participants and their property. Therefore, 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 and work activities involved herein.

Further, authorization and permission is hereby given to PCN to furnish any necessary transportation, food, and lodging for said participant.

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

We (I) understand that the document constitutes a full and complete waiver of all possible claims, including, but in no way limited to, claims for negligence in personal or property damages arising out of said participant's involvement in any event administratively organized by PCN or any of its officers, directors, employees, and agents.

No provision of this document shall, in any way, limit my right to make claims against persons other than PCN, its officers, employees and agents.

*[If the participant has not attained the age of 21 years]:*

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, 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 or medical treatment, and assume the responsibility of all medical bills, if any. We (I) understand that a conscientious effort must be made to notify one of the parents or legal guardians listed below before such action is taken.

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.

This authorization is given pursuant to the provisions of § 25.8 of the Civil Code of California.

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

\_\_\_\_\_  
(Parent(s) telephone number)

\_\_\_\_\_  
(Parent(s) e-mail address)

Hospital Insurance?  Yes  No

Insurance Company: \_\_\_\_\_

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

Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

(Only participant need sign if 21 years of age or older. If under 21, **both** parents or legal guardians must sign unless parents are separated or divorced in which case the custodial parent must sign.)

\_\_\_\_\_  
Mother's Signature Date

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_  
Legal Guardian's Signature Date

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

**MORE ON OTHER SIDE (page one of two)**

**PARENTAL INFORMATION**

Please provide the following contact information:

Parent(s) or Legal Guardian(s) name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Participant's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Name: \_\_\_\_\_ Grade Level in the fall: \_\_\_\_\_

Known allergies: \_\_\_\_\_

\_\_\_\_\_

Known ailments/previous injuries: \_\_\_\_\_

\_\_\_\_\_

Other instructions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_