

**Bethlehem Lutheran Church  
Liability Release/Medical Form  
Release of All Claims**

In consideration for being accepted by BETHLEHEM LUTHERAN CHURCH (BLC) for participation in

---

(name of activity or trip)

(date of activity or trip)

I (we) being 18 years of age or older, do for myself (ourselves) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless BLC 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 trip or activity.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

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

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

**If the participant has not attained the age of 18 years:**

I am the parent or legal guardian of the participant, and hereby grant my permission for him/her to participate fully in said trip or activity and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume 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, I hereby assume all transportation costs.

---

Typed or printed name of participant

*(Only participant must sign if 18 year of age or older. If under 18, participant and at least one parent must sign.)*

---

Participant Signature

Date

---

Parent/Guardian Name and Relationship to Participant

---

Signature of Parent/Guardian

Parent/Guardian telephone number

---

Emergency Contact Phone Numbers

Date