



EVENT LIABILITY RELEASE FORM

Participant Name _____ Date of Birth _____
Address _____

EVENT : The Chapel Retreat 2017

As a participant or parent / guardian of above minor child and participant in the programs or events of **The Chapel (Antioch)**, I do hereby release, forever discharge and hold harmless **The Chapel (Antioch)** 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.

This release covers transportation and/or drivers provided by **The Chapel (Antioch)** and its representatives who are properly licensed to drive in the state of TN., whether driving church owned vehicles or privately owned vehicles.

This release also covers meetings on the **The Chapel (Antioch)** property or any other site during programs and activities; also consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, and the undersigned agrees to pay all costs and expenses.

Check here if you give **The Chapel (Antioch)** permission to publish and print, electronic, or video format the likeness or image of your child. By not checking this box, you release all claims against **The Chapel (Antioch)** with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Participant's Insurance: _____

Policy Number: _____

Known Allergies / Medication / Medical Problems: _____

Name of Participant _____

Address _____

Emergency Contact _____ Phone _____

Signature of Parent / Guardian _____ Date _____

Staff Signature: _____

Individual Plan

Family Plan

Married

Unmarried Male

Unmarried Female