Liability Release Form
Release of All Claims

In consideration for being accepted by First Baptist Church Blountville for participation in the Tennessee Volunteers Basketball Game/Ice Skating and/or Basketball Game/Shopping in Knoxville, TN on **1/4/2025 and/or 2/15/2025**. 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 First Baptist Church Blountville 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 any and all activities, work projects or trips.

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 and work activities involved therein.

Further, authorization and permission is hereby given to the said church to furnish any transportation, food, and lodging for 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 the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not 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 to take the said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the 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, we (I) hereby assume all transportation costs.

_____
Print name of participant

_____
Parent(s) telephone #

_____
Emergency Phone #'s (Not Home Phone)

Hospital insurance [ ] Yes [ ] No

_____
Insurance Company

Policy Number_____

Physician_____

Physician's phone#_____

_____
Print name of Father Date

_____
Print name of Mother Date

_____
Print name of Legal Guardian Date

_____
Signature of Either Mother, Father, or Guardian Date

Please List any allergies or medications in the space below: