Liability Release Form
Release of All Claims

In consideration for being accepted by First Baptist Church Blountville for participation in the Rock The Smokies at Dollywood on **8/17/2024**. 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 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 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 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 said participant to a doctor or hospital and hereby authorize medical treatment, including but not limitation 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.

(Only participant sign if 21 years of age or older. If under 21, the parent must sign)

_____	_____
Print name of participant	Print name of Father Date
_____	_____
Parent(s) telephone #	Print name of Mother Date
_____	_____
Emergency Phone #'s (Not Home Phone)	Print name of Legal Guardian Date
Hospital insurance [ ] Yes [ ] No	_____
	Signature of Either Mother, Father, or Guardian Date

_____
Insurance Company

Policy Number_____

Physician_____

Physician's phone#_____

Please List any allergies or medications in the space below: