

Lake Arlington Baptist Church

2912 Little Road • Arlington, TX 76016 • 817-451-4110 • Fax (817) 451-7918

LABC YOUTH RELEASE for 2018 YEAR RELEASE, DISCHARGE, WAIVER AND HOLD HARMLESS AGREEMENT

Participant's Name: _____ Birthdate: ____/____/____ Grade: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (_____) _____ Work/Cell Phone: (_____) _____

E-mail: _____

Health Insurance Company: _____ Ins. Phone: _____

Ins. Group#: _____ Ins. Policy#: _____

Any allergies/medical history we need to know: _____

EVENT: For all activities and events at or through Lake Arlington Baptist Church

I do hereby release, acquit, hold harmless, and forever discharge Lake Arlington Baptist Church, its agents, servants, sponsors, employees, and all persons natural or corporate in privity with them, from any and all claims or causes of action, including but not limited to actions, suits and/or claims for bodily injuries, death or property damage, while participating in any activity, including travel to and from any church activities. This agreement also applies to any and all activities on or off church property.

The undersigned agrees to assume liability for any and all costs and expenses incurred including medical and dental costs in the event an injury or claim arises. The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that Lake Arlington Baptist Church does not provide health, disability or life insurance for the subject participant.

The undersigned further agrees that Lake Arlington Baptist Church has permission to take photographs and videos of participant for promotional purposes.

The undersigned further agrees that should the need arise for any transportation, lodging and/or meals for participant, because of some unforeseen event, including but not limited to, the breakdown of church, employee or sponsor vehicles, chartered vehicles, or if transportation becomes necessary for medical emergencies, the undersigned shall be responsible for such costs.

If for any reason legal action is taken against Lake Arlington Baptist Church, by the undersigned participant, parents, or guardian, the undersigned agrees to assume any legal costs and expenses incurred by Lake Arlington Baptist Church in the event that it successfully defends such claim, action or lawsuit.

I assume full responsibility for any damage caused by participant to property and/or equipment owned or leased by Lake Arlington Baptist Church during any of the aforementioned activities and understand I will be responsible for replacement of same.

The participant and I further agree to become familiar with the rules and regulations of the Church concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said Activity.

I hereby authorize Lake Arlington Baptist Church, its agents, servants, sponsors, employees to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read, understood, and accept.

PARTICIPANT*

Date

PARENT/GUARDIAN SIGNATURE

Date

Emergency Contacts:

Name: _____ Phone: (_____) _____ Relationship: _____

Name: _____ Phone: (_____) _____ Relationship: _____

*If participant is under the age of eighteen (18) years of age, this Release must be signed by parent or legal guardian.

Please attach a copy of your insurance card to this form. REQUIRED.