

ONE CHILD/YOUTH PER FORM

**LIABILITY AND MEDICAL RELEASE FORM
September 1, 2020 – August 31, 2021**

Definition of Terms Used:

"TFRC" stands for "Twin Falls Reformed Church," the church organization which operates from 1631 Grandview Drive North, Twin Falls, Idaho.

"LEADERS" includes the Director of Youth Ministries, Director of Children's Ministries, and all adults who accompany the youth or children as leaders, chaperones, drivers, or teachers, either on a regular basis or on a single-event basis, as recognized and approved by the Dir. of Youth Ministries and/or Dir. of Children's Ministries. Adults who are to be regularly involved are stated in the TFRC Dir. of Youth Ministries and/or Dir of Children's Ministries records.

"INDIVIDUAL" is defined as the child or youth person whose name and birthdate are stated on the top of the form, and who is in the care of the parent or guardian signing the form.

"EVENTS" are defined as all regular or special meetings or trips as part of TFRC programming, as stated on the various ministry calendars or as promoted in the weekly church bulletin, as well as meetings or trips which are informally scheduled, including LEADER-INDIVIDUAL visitations on the LEADER's own time, for the purpose of providing more personalized care and contact.

Release Form (please print neatly): One form per youth/child please

I, _____, the parent or legal guardian of above, birthdate _____,
(Parent/Guardian)

do hereby release all LEADERS from liability for unintentional harm, of any kind, incurred by INDIVIDUAL during all EVENTS or in relation to any EVENTS taking place between September 1, 2020 – August 31, 2021. I also release any LEADERS from liability for unintentional loss of or damage to the property of INDIVIDUAL or of myself.

In the unexpected case of intentional harm to INDIVIDUAL or of intentional damage to INDIVIDUAL's property or my property, I understand that I will only hold responsible the person at fault, and not any other LEADER(s).

In the case of emergency, I understand that sincere effort will be made to contact me and the additional contact person. In the event that I cannot be reached, I hereby give permission to the physician selected by the LEADERS to hospitalize or secure treatment for INDIVIDUAL.

Address _____ Home Phone _____

_____ Work Phone _____

Additional contact person & phone #: _____ Relation to INDIVIDUAL: _____

Significant medical history/conditions/allergies of INDIVIDUAL and emergency treatment information if applicable: (please attach sheet if necessary)

INDIVIDUAL does does not have medical insurance coverage.

Insurance company & policy # _____

***I have read carefully the above statement and I have provided accurate information:
Signature of parent or guardian indicated above:***

_____ Date _____