



# Liability Release Form

January 1, 2018 to December 31, 2018

IN CONSIDERATION for being accepted by The Bridge at Stockton (hereafter "The Bridge") referred to for participation in certain youth trips and/or activities, from January 1, 2018 to December 31, 2018 being twenty-one (21) years of age or older, on our/my behalf and on behalf of our/my minor child, namely, \_\_\_\_\_ (hereafter "participant") do hereby release, forever discharge and hold harmless The Bridge, its officers, governing board, staff and agents, 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 participant while said participating in any youth trip or youth activity.

Furthermore, I/we, individually, and on behalf of participant, hereby assume all risk of personal injury, sickness, death. Damage and/or expenses as a result of participating in recreation and/or work activities involved therein.

Further, authorization and permission is hereby given to The Bridge, its staff and/or agents, to furnish any necessary transportation, food and/or lodging for participant which may relate to an emergency situation. I/we agree to assume responsibility and reimburse The Bridge for any and all expenses incurred relating to said emergency situation.

The undersigned further agree(s) to hold harmless and indemnify The Bridge, its officers, governing board, staff or agents from any liability sustained by The Bridge as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I/we are the parent(s) or legal guardian(s) of said participant, and hereby grant permission for him/her to participate fully in said trip and/or activity. Further, permission is granted to take said participant to a doctor or hospital, and authorize medical treatment, including but not limited to emergency surgery. I/we further agree to assume responsibility of all medical bills related thereto, if any.

Should it be necessary for the child-participant to return home due to medical reasons, disciplinary action or otherwise, I/we hereby assume all necessary costs, including but not limited to transportation.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization is to be effective until it is revoked, in writing, to said agent.

Permission is hereby given to use photos of my child involved with The Bridge Youth activities in newsletters, posters and websites related only to The Bridge Ministry news.

## Signature of Parent/Legal Guardian

\_\_\_\_\_ Relationship \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Message Phone: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Member or Policy #: \_\_\_\_\_

Any History of health problems? \_\_\_\_\_ If "Yes", please provide details: \_\_\_\_\_

\_\_\_\_\_

Last Tetanus Shot Date \_\_\_\_\_

List All Know Allergies or special needs: \_\_\_\_\_

PLEASE LIST OTHER PERSONS AUTHORIZED TO PICK-UP YOUR YOUTH & RELATIONSHIP: (Note: siblings under 18 will not be allowed to pick up a child)

\_\_\_\_\_

PLEASE BE AWARE THAT THE ADULTS LISTED ABOVE ARE IN ADDITION TO YOUR NAME(S) AND ARE THE **ONLY** PERSONS TO WHOM WE WILL RELEASE YOUR YOUTH. PROOF OF IDENTIFICATION MAY BE REQUIRED. THANK YOU.