LIABILITY RELEASE/MEDICAL PERMISSION FORM

In consideration for being accepted by "Finland Mennonite Youth Group" for participation in "Official Finland Mennonite Youth Group Activities" we (I), being 21 years of age or older, do for our selves (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 Finland Mennonite Church its directors, employees and agents 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 the above-described activities.

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 necessary 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 for him (her) to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in 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.

_____
(Type or print name of participant)

_____
[Parent(s) telephone]

_____
(Pastor's telephone)
Hospital insuranc [ ]Yes [ ]No
Insurance company

_____

Policy number_____
Physician_____
Physician's phone_____
Emergency phone numbers_____

_____

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

_____
Father's Signature Date

_____
Mother's Signature Date

_____
Legal guardian's Signature Date

_____
Participant if over 21 Date

Are there any allergies, medical conditions, or medications we should be aware of, if so list them here._____

This form is valid from the date signed until October 31, 2009

For emergency purposes please make copy front and back of insurance card. Include and give us a phone # to reach you in case of a change in pick up times._____