



**MOUNT CALVARY BAPTIST CHURCH**

*1735 Enterprise Drive, Bldg. #3*

*Fairfield, CA 94533*

*Telephones: Office (707) 425-1849 ~ ~ Fax (707) 425-1888*

**Liability Release Form**

I \_\_\_\_\_ on \_\_\_\_\_  
do hereby release, forever discharge and agree to hold harmless Mount Calvary Baptist Church and the directors 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 participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Please list, if any, allergies to food substances and or medications

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of parent/guardian(s) \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_