



GENERAL LIABILITY AND MEDICAL RELEASE
SUNDAY, OCTOBER 18, 2026

Child/ren

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Any known Allergies _____

I, _____ (*print parent name*), hereby affirm and agree that I am the parent or legal guardian of the above child(ren), and that I am legally competent to sign this agreement and release. As parent(s), legal guardian(s), or custodian(s) of the above minor(s), I/we permit him/her to participate in all officially supervised Grace Fellowship Church Programs and/or activities for which he/she is registered. **I, for myself and on behalf of the above minor(s), KNOWINGLY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS GRACE FELLOWSHIP CHURCH, ITS MEMBERS, TRUSTEES, DIRECTORS, LEADERSHIP, AND STAFF, AS WELL AS COUNSELORS, ORGANIZERS, WORKERS AND ALL OTHERS ACTING ON BEHALF OF GRACE FELLOWSHIP CHURCH OR ITS PROGRAMS AND ACTIVITIES, FROM ALL CLAIMS AND LIABILITY ARISING OUT OF PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS SUFFERED OR INCURRED BY ME OR THE MINOR(S) NAMED ABOVE ARISING OUT OF OR IN CONNECTION WITH PARTICIPATION IN SUCH PROGRAMS AND ACTIVITIES (INCLUDING AUTHORIZED TRANSPORTATION), EVEN IF THE INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS IS CAUSED BY THE SOLE OR CONTRIBUTORY NEGLIGENCE OF GRACE FELLOWSHIP AND/ OR ITS MEMBERS OR REPRESENTATIVES.** In the event that my child requires medical or dental attention during the CHLB event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that treatment is called for and the medical provider refuses to administer it without my consent, I hereby authorize a Grace Fellowship Church staff member to give such consent for me if I cannot be reached or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to release and hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child(ren) is/are covered by medical insurance and/or that I am responsible for any and all expenses incurred on behalf of my child(ren), whether covered under insurance or not.

I have read and understand this Liability and Medical Release and represent that all of the information contained herein is true and correct. I hereby accept and assume all the risks of injury associated with the activities of Grace Fellowship.

Custodial Parent/Legal Guardian Signature: _____ **Date:** _____

Emergency Contact Phone Number: _____

Your worksite location during CHLB? _____