



157 Chapel Hill Drive
Battle Creek, MI 49015

Liability Release Form

The undersigned does hereby give permission for my child _____ to
(child's name) ("Participant")
attend and participate in any Chapel Hill UMC Vacation Bible School (VBS) ministry activity.

LIABILITY RELEASE: In consideration of Chapel Hill UMC allowing the Participant to participate in VBS, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Chapel Hill UMC, its Pastors, Board Members, directors, employees, volunteers and teachers (collectively know herein as the "Church") from any and all liability, claims or demands for accidental 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 while involved in the activities. I, the parent or legal guardian of this participant hereby grants my permission for the Participant to fully participate in VBS activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation and recreation and work activities involve therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as a result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: In the event my child suffers an illness or injury that requires medical attention, I give Chapel Hill UMC the authority to obtain whatever medical attention is deemed necessary, and release and hold harmless Chapel Hill UMC, its pastors, Board Members, directors, employees, volunteers and teachers of any liability related to obtaining that medical attention. I understand Chapel Hill UMC will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from the physician and/or hospital personnel designated by Chapel Hill UMC, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care.

Parent/Guardian First and Last Name (please print): _____

Parent/Guardian Signature: _____