

Release of all Claims

In consideration of being accepted by VICTORY WORLD CHURCH for participation Ignite Spring Break 2009, we (I), being 21 years of age or older do for ourselves (myself, and for and on behalf of my child - participant) do hereby release, forever discharge, and agree to hold harmless VICTORY WORLD 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 child - participant that occurred while said child is participating in the above described trip or activity. Furthermore, we (I) and on behalf of our (my) child - participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said church, its Directors, employees and agents for any liability sustained by such church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

IF THE PARTICIPANT IS NOT 21 years of age:

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 trip and hereby give our (my) permission to said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited 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 cost.

Only the participant need to 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:

Type or print Name of Participant

Grade of Participant

Gender of Participant

Physician's Phone

Parent's phone number

Emergency phone number

Pastor's phone number

Father Signature Date

Hospital insurance yes___ no___

Mother Signature Date

Insurance Company

Legal Guardian Signature Date

Policy Number

Participant Signature, if over 21

Physician

TRIP PARTICIPANT ONLY

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

Participant Signature _____ Date _____