

FLY Liability Form

Release of All Claims

In consideration for being accepted by **Faith Lutheran Youth Group (FLY)** for participation in all youth activities for the year of **2009**, We/I, being 21 years of age or older, do for ourselves (myself) (and for 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 **Faith Lutheran 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 occur while the said child is participating in the enclosed described trip or activity(ies).

Furthermore, We/I [and on behalf of (my) child participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense(s) as a result of participation 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.

Further, authorization and permission is hereby given to said church to use photographs taken of myself or my child (if said child is not 21 years of age or older) on the church website.

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 a result of the neglect, 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 permission for our/my child to participate fully in said trip, and hereby give permission to take 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.

_____	_____	_____
Name of Participant	Parent's or Guardian's Phone	Emergency Phone
Hospital Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
	Insurance Company	Policy Number
_____	_____	
Physician	Physician's Phone	

Only the participant needs 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.

_____	_____	_____	_____
Father's Signature	Date	Guardian's Signature	Date
_____	_____	_____	_____
Mother's Signature	Date	Participant's Signature, if age 21	Date

Trip Participant Only

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

Participant Signature