

**RIVERWOOD CHURCH OF CHRIST**  
**LIABILITY AND CONSENT FORM**

IN CONSIDERATION FOR MY CHILD, \_\_\_\_\_, BEING ACCEPTED BY RIVERWOOD CHURCH OF CHRIST FOR PARTICIPATION IN ALL CHURCH SPONSORED ACTIVITIES BY SAID CHURCH, WE / I, THE UNDERSIGNED PARENT AND/OR NATURAL GUARDIAN OR LEGAL GUARDIAN DO/DOES HEREBY REPRESENT THAT HE/SHE/THEY IS/ARE, IN FACT, ACTING IN SUCH CAPACITY AND AGREE(S) TO SAVE AND HOLD HARMLESS AND INDEMNIFY RIVERWOOD CHURCH OF CHRIST, ITS MINISTERS, STAFF, ELDERS AND EMPLOYEES FROM ALL LIABILITY, CLAIMS OR DEMANDS OF PERSONAL INJURY, SICKNESS OR DEATH, AS WELL AS PROPERTY DAMAGES AND EXPENSES OF ANY NATURE WHATSOEVER WHICH MAY BE INCURRED WHILE SAID CHILD IS PARTICIPATING IN SAID CHURCH SPONSORED ACTIVITIES.

FURTHERMORE, WE / I, HEREBY ASSUME ALL RISK OR PERSONAL INJURY, SICKNESS, DEATH, DAMAGE AND EXPENSES AS A RESULT OF PARTICIPATION IN RECREATION, FOOD AND LODGING FOR THIS PARTICIPANT.

THE UNDERSIGNED FURTHER AGREES TO HOLD HARMLESS AND INDEMNIFY SAID CHURCH, IT'S ELDERS, EMPLOYEES AND AGENTS, 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.

WE / I AUTHORIZE AN ADULT, IN WHOSE CARE THE MINOR HAS BEEN ENTRUSTED, TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL, SURGICAL OR DENTAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE, TO BE RENDERED TO THE MINOR UNDER THE GENERAL OR SPECIAL SUPERVISION AND ON THE ADVICE OF ANY PHYSICIAN OR DENTIST LICENSED UNDER THE PROVISIONS OF THE **MEDICAL PRACTICE ACT** ON THE MEDICAL STAFF OF A LICENSED HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR SAID HOSPITAL.

THE UNDERSIGNED SHALL BE LIABLE AND AGREE(S) TO PAY ALL COSTS AND EXPENSES INCURRED IN CONNECTION WITH SUCH MEDICAL AND DENTAL SERVICE RENDERED TO THE AFOREMENTIONED CHILD PURSUANT TO THE AUTHORIZATION.

SHOULD IT BE NECESSARY FOR OUR (MY) CHILD TO RETURN HOME DUE TO MEDICAL REASONS OR OTHERWISE, THE UNDERSIGNED SHALL ASSUME ALL TRANSPORTATION COSTS.

THE UNDERSIGNED DOES ALSO GIVE PERMISSION FOR OUR (MY) CHILD TO RIDE IN ANY VEHICLE DESIGNATED BY THE ADULT WHOSE CARE THE MINOR HAS BEEN ENTRUSTED WHILE ATTENDING AND PARTICIPATING IN THIS RIVERWOOD CHURCH OF CHRIST SPONSORED ACTIVITY.

**(PLEASE PRINT ALL INFORMATION CLEARLY TO INSURE THE ABILITY FOR ANY READER TO UNDERSTAND)**

NAME OR PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT(S) OR LEGAL GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

HOSPITAL INSURANCE? Yes \_\_\_ No \_\_\_ INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHYSICIAN'S NUMBER \_\_\_\_\_

LIST ANY/ALL ALLERGIES, INCLUDING MEDICATIONS ALLERGIC TO: \_\_\_\_\_

LIST ANY/ALL MEDICATION TAKEN BY PARTICIPANT: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN - DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT - DATE

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BEFORE THE UNDERSIGNED NOTARY PUBLIC, PERSONALLY KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE, TO BE THE PERSON WHOSE NAME AND SIGNATURE IS SUBSCRIBED TO THIS INSTRUMENT.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_