

ACF Church

2019 RELEASE AND WAIVER OF LIABILITY

The undersigned _____ being the parent or
(Print Parent's Name)

guardian ad litem of _____
(Print Child's Name)

in consideration of my child being permitted to enter the Alliance Christian Fellowship's– Eagle River– property, and being permitted to participate in ACF Church's activities, events, and trips whether on Church property or otherwise, AGREES TO WAIVE, RELEASE, AND DISCHARGE AND COVENANTS NOT TO SUE ACF Church, its employees, officers, directors, servants and agents from all liability to the child, the undersigned, any personal representative of either, assigns, heirs, and next of kin, for any and all claims for damages, for death, personal injury or property damage, suffered by me or my child while participating in any ACF Church event, trip or activity.

I UNDERSTAND THAT THIS RELEASE AND WAIVER OF LIABILITY applies to any claims occurring from injury to person or property, whether caused by negligence of ACF Church or otherwise. I acknowledge that the intent of this RELEASE AND WAIVER OF LIABILITY is to prevent ACF Church from being held liable for injuries to person or property, and that my signature on this document constitutes my agreement and the agreement of my child for whom I am signing this release, not to hold ACF Church responsible for any damages, losses, injuries to person or property, as a result of any negligence or other wrongful conduct on the part of ACF Church, or on the part of other third parties.

THE UNDERSIGNED ALSO AGREES TO INDEMNIFY AND HOLD HARMLESS ALLIANCE CHRISTIAN FELLOWSHIP – from any loss, liability, damage, or cost that ACF Church may incur due to the presence of the undersigned or undersigned's child, upon ACF Church premises or in any way using any ACF Church facilities or attending any events of ACF Church.

THE UNDERSIGNED FUTURE EXPRESSLY AGREES THAT THIS RELEASE AND WAIVER OF LIABILITY agreement is intended to be as broad and inclusive as is permitted by the law in the State of Alaska. If any portion is held to be invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

The undersigned further agrees that this Release and Waiver of Liability shall be valid for a period not to exceed twelve months from the date signed by the undersigned. This is to coincide with the **2018/2019** school year.

The undersigned has read and voluntarily signed the Release and Waiver of Liability agreement, and further acknowledges that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Date _____

I HAVE READ THIS RELEASE, UNDERSTAND IT
AND AGREE TO ITS TERMS

(Signature of Parent or Guardian)

MEDICAL RELEASE

I, the undersigned parent or legal guardian of _____, a minor, hereby authorize and give permission to the physician or medical practitioner, selected by ACF Church to hospitalize, secure proper treatment including but not limited to the prescription of medications, diagnostic studies, and any other medical procedure for my child as deemed necessary by the physician under the circumstances. It is understood that this authorization is given in advance of any specific medical treatment being needed, and is given to provide authority to the physician to render that care which in exercise of his or her best judgment is advisable.

Date _____

I HAVE READ THIS RELEASE, UNDERSTAND IT
AND AGREE TO ITS TERMS

(Signature of Parent or Guardian)

Address: _____

Phone #: _____
Cell #: _____

Emergency Contact: _____

Phone #: _____

PERSONAL MEDICAL INFORMATION:

Child's Birth date: _____

Last Tetanus Toxoid Booster: _____

Allergies to Drugs or Foods: _____

Special medications or pertinent information: _____

Family Physician: _____

Phone #: _____

Address: _____

Insurance Company: _____ Policy #: _____