

**FIRST PRESBYTERIAN CHURCH OF DEERFIELD
824 WAUKEGAN ROAD
DEERFIELD, IL 60015**

In consideration for being accepted by FIRST PRESBYTERIAN CHURCH OF DEERFIELD for participation in ALL CHURCH ACTIVITIES (field trips, retreats, church outings, etc.) I (we) do myself (ourselves) for and on behalf of my (our) child-participant, hereby release, forever discharge and agree to forever hold harmless FIRST PRESBYTERIAN CHURCH OF DEERFIELD (FPCD), Thomas E. Cunningham, Chaperones, employees and agents thereof, from any and all liability, claims and demands for personal injury, sickness and 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 said child is participating in the above-described church activities.

Furthermore, I (we) for and on behalf of my (our) child-participant, hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation as above set forth.

Further, authorization and permission are hereby given to FPCD and individuals to furnish any necessary transportation, food and lodging for these church activities.

The undersigned further hereby agree(s) to hold harmless and indemnify FPCD and individuals for any liability sustained by said organization and individuals as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) am (are) the parent(s) or legal guardian of this participant, and do hereby grant my (our) permission for her (him) to participate fully in FPCD projects and events, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs.

(Print Participant's Name)

(Father's signature) _____ Date

(Mother's signature) _____ Date

Insurance Company _____

Policy # _____ Group # _____