

# The Tower Blanket liability release form

## Release of all claims

In consideration for being accepted by ylccots-REBELLION for participation in the tower drop in center, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said a child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless ylccots-REBELLION and the staff of the Tower and directors thereof from any and all liability. Claims or demands for personal injury, sickness or death, as well as property 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 all Tower sanctioned activities.

Furthermore, we (I) [and on my behalf of our (my) child-participant if under the age of 21] here by assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the recreation and work activities involved therein.

Further, authorization and permission is hereby given to the church to furnish any necessary transportation, food and lodging for the participant, should the need arise.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attending thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) of this participant, hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume all personal responsibility for any and 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 costs.

\_\_\_\_\_  
(Name of participant)

\_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Parents telephone number)

\_\_\_\_\_  
(Mother)

Hospital Insurance circle one: Yes      No

\_\_\_\_\_  
(Legal guardian)

Insurance company \_\_\_\_\_

(Please select a box)

Youth dropped off at the tower are to:

Policy number \_\_\_\_\_

A) Not leave the tower

Physician \_\_\_\_\_

B) May leave but only after signing out

Physician phone \_\_\_\_\_ Any known medical condition or allergy \_\_\_\_\_

**Tower Participant Only**

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as that of the directions of the leaders in the Tower.

\_\_\_\_\_  
(Participant)