

(All Riders and Passengers Must Wear a Helmet!!!)

Radiant Riders

Liability Release Form 2009

Release of All Claims

In consideration for being accepted by Radiant Church for participation any and ALL Radiant Church events, activities, and services we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Radiant Church members, staff 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 may occur while said party is participating in the above-described trip or activity.

Furthermore, we I hereby assume all risk of personal Injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein, understanding that the activity itself may involve some risk of harm or injury, and that the presence of a group of additional participants may create or add to the risk.

Further, authorization and permission is hereby given to said church furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its members, lay leaders, directors, employees, event coordinators, 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 attendant thereto.

It is understood by the parties that this release is not meant to, nor does it, release the church from liabilities negligent, willful or intentional acts by the church or its agents.

(IF THE PARTICIPANT HAS NOT ATTAINED THE AGE OF 18 YEARS):

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

(Print name of participant)

Hospital Insurance: [] Yes [] No

(Telephone number)

Medical Insurance Company:

(Address with zip/city)

Medical Policy Number:

EMERGENCY CONTACT:
Name/Relationship _____

Physician: Name and Number _____

Phone Number _____

Motorcycle Endorsement () Yes () No
License Number _____

Allergies or Reactions to Any Medicines? _____

Trip Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip/event or activity.

Participant Signature: _____ Date: _____/2009