

**PLYMOUTH HEIGHTS CHRISTIAN REFORMED CHURCH
LIABILITY RELEASE FORM**

Name/Address/Phone of
PARTICIPANT

Name/Address/Phone of
**PERSON TO CONTACT IN AN
EMERGENCY**

PHONE: _____

PHONE: _____

RELEASE OF LIABILITY

The PARTICIPANT, their PARENTS, GUARDIANS, HEIRS, ASSIGNS AND REPRESENTATIVES hereby release Plymouth Heights Christian Reformed Church, its staff members, volunteers, agents and representatives of any and all liability for any loss, injury, or property damage which may be the result of any aspect of any Mission trip or excursion the Participant may participate in so long as specific written permission has been given by the Parent/Guardian for the Participant to participate in the specific Mission trip or excursion. The Participant and the Participant's Parent(s) and or Guardian(s) understand, acknowledge and accept that there are inherent risks, both known and unknown, in travel and in the activities in which the Participant will engage in during Mission trips and excursions.

The Participant and the Participant's Parent(s) and/or Guardian(s) also understand, acknowledge and accept that these risks may result in serious injury and/or death.

The Participant and the Participant's Parent(s) and or (Guardian(s) also understand and acknowledge that individual **Participants are not covered under any policy of insurance held by Plymouth Heights Christian Reformed Church** and that Participants must provide any and all insurance coverage for themselves, including, but not limited to health, life and liability insurance.

I have read, understand and accept the terms above.

Participant Signature

Dated: _____

Parent or Guardian (if Participant under age 18)

Dated: _____