



Release of Liability

Coverage Period: 06/01/2024 to 05/31/2025

Know all men by these present:

WHEREAS, I, _____ (participant) plan to participate in the ministry events and related activities sponsored by Indian Hills Community Church of Lincoln, Nebraska during the above coverage period; and

WHEREAS, I recognize that the participation in such activities may be hazardous and dangerous,

NOW THEREFORE, in consideration of the privilege to participate extended to me by Indian Hills Community Church of Lincoln, Nebraska, and all its officers, agents, servant and employees, I do hereby, for myself, my heirs, executor and/or administrator, remise, release and forever discharge Indian Hills Community Church of Lincoln, Nebraska, and all its officers, agents, servants and employees, acting officially or otherwise, and third-party service providers that have received a liability release from Indian Hills Community Church from any and all actions, causes of actions, claims and demand for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said event.

Insurance Information

I have medical and accident insurance with:

Company	Policy #	Deductible Amount
---------	----------	-------------------

I do not have medical or accident insurance, and I agree to pay any medical and/or dental expenses directly or indirectly related to my participation.

Medical Information

First Name	Last	M.I.
Address		
Date of Birth	Phone	Emergency Contact (& Phone Number)
Please list any medical allergies, medications being taken, medical problems, or other pertinent information:		

I, the undersigned (or parent/guardian if under 19), understand that, in the event medical treatment is required, every effort will be made to contact the person designated above for an emergency. However, if the individual so designated cannot be reached, permission is given to the staff or sponsor of Indian Hills Community Church of Lincoln, Nebraska, to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my well being.

CAUTION: Read this document carefully before signing:

I HAVE READ AND AGREE TO THIS RELEASE:

Participant's Signature	Address	Phone	Date
Parent's/Guardian's Signature (required for participants under age of 19)			Date