

**BELLEFOUNTE BAPTIST CHURCH, CLEVELAND, TENNESSEE  
PARTICIPANT’S, Parent’s or Legal Representative’s LIABILITY RELEASE AGREEMENT  
FOR MISSION AND OTHER CHURCH-RELATED ACTIVITIES**

Participant’s Name (print name)	Date of Birth
Participant’s Parent or Legal Representative	Indicate Which Applies
Street Address	Telephone Number
City, State, Zip Code	

The undersigned adult participant (the “Participant”), parent or legal representative of the participant, hereby represents and warrants that he/she is above the age of eighteen (18) years and states that he/she desires to participate in or allow their child or a child under their legal responsibility to participate in certain mission trips or any other activities relating to or specifically hosted by Bellefounte Baptist Church, Cleveland, hereinafter referred to as The Church or the Releasee.

The Church and the Participant, parent or legal representative of the participant, agree that the Activity may pose certain potential risks including, without limitation, the following specifies risks: personal injury or death, or injury to property, due to sickness, accident, crime, political instability, governmental opposition to missions activities, as well as other similar and dissimilar risks (herein the “Risks”).

This waiver will have **no expiration** date except for children under 18 who will have to personally sign a new waiver upon or after their 18th birthday.

In consideration of the Church’s assistance in scheduling and arranging the Activity and the Church’s grant of its consent to the participant in the Activity, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Participant, parent or legal representative of the Participant on behalf of himself/herself and on behalf of Participant’s personal and legal representatives, heirs, distributes, next of kin, agents, executors, successors and assigns (herein the “Releasors”) hereby **IRREVOCABLY AND UNCONDITIONALLY RELEASE, ACQUITS, FOREVER DISCHARGES, AGREES TO HOLD HARMLESS AND COVENANTS NOT TO SUE** the Church and its officers, members, employees, volunteer workers, agents, representatives, successors, and assigns (herein collectively the “Releases”) for, from, and against any and all rights, claims, demands, damages, liabilities, actions, and causes of action of any nature now or hereafter existing, whether accrued or unaccrued, known or unknown, fixed or contingent, legal or equitable that Releasors may have or claim to have against the Releasees for any reason including, but not limited to, all claims or liabilities in any manner relating to personal or bodily injury to or death of the Participant, or injury to the property of the participant, while participating in the Activity, whether caused by the negligent acts or omissions of Releasees or any other person or entity while the Participant is participating in the Activity.

The Participant, acknowledges and agrees that he/she is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the Participant while participating in the Activity. **NEVERTHELESS, THE PARTICIPANT, parent or legal representative of the participant, VOLUNTARILY ELECTS TO ASSUME AND ACCEPT ALL RISKS** connected with the Participant’s participation in the Activity.

The Participant, parent or legal representative of the participant, further agrees that he/she bears the sole responsibility for any and all medical expenses, whether for injury or illness, which the Participant incurs while participating in the Activity or otherwise. The Participant, parent or legal representative of the participant, acknowledges that Releasees are under no obligation to, and do not, provide medical insurance or any other types of insurance for the Participant.

**THE PARTICIPANT, parent or legal representative of the participant, HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD RELEASEES HARMLESS** form any claim, judgment, loss, liability damage or costs, including reasonable attorney’s fees and expenses, which may be brought by any person which is due to any act or omission arising out of the Participant’s participation in the Activities.

The Participant, parent or legal representative of the participant, represents and warrants that he/she has fully read and understands this Liability Release Agreement, understands that it is a release of all claims, and agrees to the terms and conditions set forth above by voluntarily signing the same. The Participant, parent or legal representative of the participant, further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the Participant, parent or legal representative of the participant, and that the Participant, parent or legal representative of the participant, assumes all risks of injury and/or damage which may result from participation in the Activity.

**IN WITNESS WHEREOF**, the Participant, parent or legal representative of the participant, has executed this Liability Release Agreement effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**MEDICAL INSURANCE INFORMATION**

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY HOLDER:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **CONTACT PHONE #** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **CONTACT PHONE #** \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT:**

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**Medications currently taken by the applicant along with dosage instructions and any allergies MUST be listed.**  
**MEDICATIONS & DOSAGE INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**PARTICIPANT**, parent or legal representative of the participant

\_\_\_\_\_  
(Print name of Participant)

\_\_\_\_\_  
Signature of Participant, parent or legal representative of the participant

\_\_\_\_\_  
Signature of Participant

STATE OF TENNESSEE )  
COUNTY OF BRADLEY )

Before me, the undersigned, a Notary Public in and for the state and county aforesaid, personally appeared \_\_\_\_\_ (the above-referenced Participant, parent or legal representative of the participant ), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledge that he/she executed the foregoing instrument for the purposed therein contained.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public