

# ClearView Church

## Liability Release Form

I, the undersigned parent: (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency # (if different): \_\_\_\_\_

Event: Movie Night, inflatables and Activities – further referred to as (“Activity”)

I HEREBY release and forever discharge ClearView Church located at 23969 Royalton Rd, Columbia Station, Ohio, 44208, their affiliates, managers, members, agents attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively “Releases”), from any physical or psychological injury that I may suffer as a direct result of my participate in the aforementioned Activity

Children’s names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event that I should require medical care or treatment, I authorize ClearView Church to provide all emergency medical care deemed necessary, including but not limited too, first aide. CPR, the use of AEDs emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all such treatment. I am aware and understand that I should care my own health insurance.

Seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by circumstances, including but not limited to, medical doctor and/or hospital visits

Authorize medical treatment or medical procedures in an emergency situation \*\*

Make appropriate decisions regarding clothing, bodily nourishment, and shelter

Sign release forms for sports/games/inflatables

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_