

2024/2025 LIABILITY & MEDICAL RELEASE FORM FOR STUDENT ACTIVITIES

In consideration for being accepted by Mountaintop Christian Academy for participation in all trips and activities for the year 2024/2025, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on the behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Mountaintop Christian Academy DBA Mountaintop Family Center Church 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 activities with the Mountaintop Christian Academy's Student Activities.

Furthermore, we (I) {and on behalf of our (my) child-participant if under the age of 21 years} hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

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

The undersigned further hereby agree to hold harmless and indemnify said school, its directors, employees and agents, for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trips and activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all 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.

(type or print name of participant)

(Parent's telephone)

Hospital Insurance [Yes] [No]

(Insurance Company)

Policy Number _____

BOTH parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

Father Date

Mother Date

Legal Guardian Date