



**LIABILITY RELEASE FORM (POWER OF ATTORNEY)  
SEPTEMBER 1, 2007—AUGUST 31, 2008**

In consideration for being accepted by Niceville First United Methodist Church for participation in the Youth Ministry for all trips, fellowships, recreational events and regularly planned events from September 1, 2007 through August 31, 2008 we (I) being 21 years of age or older, do for ourselves (myself) and for and on 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 Niceville First United Methodist 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 the undersigned and the child participant that occur while said child is participating in the trip or activity. In addition, said church has permission to utilize any photographs or videos taken of participants for publicity or training purposes.

Furthermore, we (I) and on behalf of our (my) child-participant 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 agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church 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) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activities and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment including but not in limitation to emergency surgery or medical treatment, and assure 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

Member of FUMC Niceville: \_\_\_\_yes \_\_\_\_no If no, do you attend a church and where \_\_\_\_\_

\_\_\_\_\_  
Hospital Insurance

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Father Signature (IN NOTARY PRESENCE ONLY)

\_\_\_\_\_  
Mother Signature (IN NOTARY PRESENCE ONLY)

\_\_\_\_\_  
Legal Guardian Signature (IN NOTARY PRESENCE ONLY)

\_\_\_\_\_  
Participant Signature (if 21 years of age or older)  
(IN NOTARY PRESENCE ONLY)

**State of Florida, County of Okaloosa**

The foregoing instrument was acknowledged before me: \_\_\_\_\_

Signature of Notary

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_