

2026-2027 FRC Liability Release Form

Valid September 1, 2026 through August 31, 2027

Release of All Claims

In consideration for being accepted by First Reformed Church of Lynden for participation in youth ministry activities, September 1, 2026 through August 31, 2027, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless First Reformed Church of Lynden and the directors/staff thereof from any and all liability, claims of 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 above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 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, including the church bus and/or staff/volunteer personal vehicles.

The undersigned further hereby agree 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 18 years): We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip or event, 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 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.

Print the following information.

Participant's Name

Participant's Birth Date

Father's Name

Father's Phone Number

Father's Email

Mother's Name

Mother's Phone Number

Mother's Email

By signing below I acknowledge that I have read and agree to the terms above.

Legal Guardian's Signature

Date

Participant's Signature (if age 18 or over)

Date



FIRST REFORMED
CHURCH

2026-2027 FRC Medical Release Form

Valid September 1, 2026 through August 31, 2027

Participant Information

Full Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Date of Birth: _____
Sex: Male ☐ Female ☐
Tetanus Shot in the last five years: Yes ☐ No ☐
Drivers License Number (if applicable): _____

Emergency Contact

Name: _____ Phone: _____

Physician's Information

Physician's Name: _____ Physician's Phone: _____

Insurance Information

Medical Insurance Carrier: _____ Phone: _____
Policy Number: _____ Group Number: _____
Insurance Prescription: Yes ☐ No ☐

Medications

List any medication participant is currently taking (prescribed or over-the-counter (otc)).

Medication:	Prescribed by/otc:	Dosage:	Time:
_____	_____	_____	_____
_____	_____	_____	_____

Check all the otc medications that you authorize FRC paid or volunteer staff to dispense to the participant.

Tylenol ☐ Dramamine ☐ Ibuprofen ☐ All Listed ☐
Anti-Diarrheal ☐ Pepto Bismol ☐ Other: _____ ☐

Allergies

List any allergies with reactions below.

Authorization

I hereby certify that the above information is accurate to the best of my knowledge. To assure that safety and the health of the above named, I hereby authorize and appoint as my attorney-in-fact, First Reformed Church of Lynden, WA and representatives of the church to arrange for medical and dental care, and to give oral and/ or written consent on my behalf for medical or dental treatment including surgery deemed necessary by a licensed physician.

Participant (If age 18 or over) Print: _____ Signature: _____ Date: _____
Legal Guardian Print: _____ Signature: _____ Date: _____