



Lunches of Love

LIABILITY RELEASE FORM – DISTRIBUTION
Release of All Claims

In consideration for being accepted by **Lunches of Love** for participation in **LoL's Delivery Shift** (including van/car trips), we(I), being 18 years of age or older, do for ourselves(myself) (and for and on behalf of by child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless **Lunches of Love, First UMC – Rosenberg, St. John's UMC – Richmond**, its members, officers, directors, employees, agents, representatives, successors and assigns thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expense, 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 (including attorney fees) as a result of participation in recreation and activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation for this participant. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization 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 delivery shift, 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. By signing this form, I agree to all of the above.

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Phone #: _____

Secondary Phone #: _____

Signature of Participant: _____

(Or Guardian if participant is under 18)