



Liability Release Form (Youth Activities)

One of the many precautions that we use to ensure the utmost safety of our young people is parental release forms.

This is an example form that we use prior to events to empower the youth ministry with the required authorisation in case of an emergency. This document is an example only and we ask that you not use without adapting to your church environment and legal processes.

LIABILITY RELEASE FORM (YOUTH ACTIVITIES)

Name of Child (Under 18 years of age):	
Home Address:	
Parent/ Legal Guardian:	
Telephone contact number:	
Activities being participated in:	<i>(e.g. Skating, skateboarding, rock-climbing)</i>

I acknowledge that the activity described in the schedule can be hazardous and that my child participates at his/her own risk. I understand that the church will take reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by them for the activity is of a reasonable standard.

I acknowledge that the church will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the activity described in the schedule incorporated in this form.

I acknowledge that [Hillsong Church is arranging billeting, and has taken all reasonable care to ensure that people are placed in families of corresponding ages with families that the leaders of Hillsong Church also have approved suitable to leave my child with.](#)

I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activity described in the schedule incorporated in this form.

I agree that the church may authorise on my child's behalf whatever medical treatment he/she may require. (This includes, but is not limited to, ambulance attendance and hospital treatment) I agree to pay all medical expenses incurred.

INFORMATION FOR EMERGENCY USE ONLY

Person to contact in an emergency:	
Telephone No of emergency contact:	
Name of Family Doctor:	
Doctor's Address:	
Doctor's Contact No:	

Signature

Dated

(Parent or Legal Guardian)