



Croton Church of Christ

40 South Main Street. P.O. Box 206

Croton, OH 43013

740-893-3191 www.crotonchurch.com

Liability Release Form

NAME: _____ DATE: _____
(Name of Minor) (Today's date)

In consideration for being accepted by Croton Church of Christ, for participation in **Summer Blast 2025** on this date: **Sunday June 8, 2025**

As a Parent/Guardian of the above minor youth and participant in the above program, I do here release, forever discharge and agree to hold harmless Croton Church of Christ, and the directors/pastors/volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This release covers all transportation provided by Croton Church of Christ and its representatives who are properly licensed to drive in the state of Ohio (including but not limited to a hay ride or ride in pickup truck): And meetings on any other site during programs and activities (including property of Tim and Carmen Debolt at 13345 Fairgrounds Rd. Croton, Ohio 43013): And refreshments, purchased or homemade that will be serve at above program: And consent for emergency Medical or Dental Treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, the undersigned agrees to pay for all costs and expenses. Please write on back page any allergies, or medical problems, or medications.

Medical and Contact Information:

Insurance Co. _____ Name of Insured: _____

Policy # _____ Physician: _____

Parent/Guardian Name: _____ Contact number: _____

I have read the above and understand the information:

(Signature of Parent/Guardian)

(Printed Name of Parent/Guardian)

Date: _____ Accepted by: _____
(Today's date) (Pastor/Church Leader/Volunteer)