

# LIABILITY RELEASE FORM

(Release of All Claims)



**CATHEDRAL  
& CHAPELS**

Participant: \_\_\_\_\_  
In consideration for being accepted by King's Cathedral & Chapels Inc./Kaahumanu Hou Schools and related ministries for participation in

(Trip or Activity, including date and time-inclusive)

I do hereby release, forever discharge and agree to hold harmless King's Cathedral & Chapels Inc./Kaahumanu Hou Schools, and its officers, directors, employees, independent contractors, agents, representatives (including volunteers), and any other person directly or indirectly involved with its operation and business 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 participant that occur while said person is participating in the above described trip or activity including recreation and work activities.

The undersigned further consents to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents (including volunteers), from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

King's Cathedral & Chapels Inc./Kaahumanu Hou Schools of Maui will provide secondary accident insurance only. Parent/legal guardians are responsible to provide their own primary health care coverage.

Answer the following with respect to the participant:

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medication being taken: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Other health information necessary: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, COMPLETE THE FOLLOWING:

Father/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ H \_\_\_\_\_ W  
\_\_\_\_\_ CEL

Mother/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ H \_\_\_\_\_ W

If parents/legal guardian cannot be reached, contact the person(s) listed below: \_\_\_\_\_ CEL

Alternate: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature of Participant OR Parent/Legal Guardian if Participant is under 18 years of age**

Witness to Signature