ADULT LIABILITY RELEASE FORM

Participants Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Release**

In consideration for being accepted by Jain Society of Houston from now here on call JSH for participation in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I, being 18 years of age or older, do hereby release, forever discharge and agree to hold harmless JSH, its president, Board of directors, trustees, and any employee, agent, driver, or any other person connected with said JSH, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by me while I am participating in the above described trip or activity. Furthermore, I 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 JSH to furnish any necessary transportation, food and lodging for me. I further agree to hold harmless and indemnify said JSH, its directors, employees, and agents for any liability sustained by said JSH as a result of the negligent acts I perform, including expenses incurred attendant thereto.

**Medical Release**

I hereby grant my permission to be taken to a doctor or hospital and do hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any. Further, should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

**Medical Insurance:** Yes No

Insurance Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Physician's Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications you may be allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and agree to the above liability and medical

(Print Name Here)

release. I have read the foregoing, understand the rules of conduct for participants, and will abide by them as well as the directions of the leadership of the above stated trip(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature Date