



HIGHLAND PARK CHRISTIAN ACADEMY

6801 SHERIFF ROAD LANDOVER, MD 20785

301.773.4079 OFFICE ~ 301.773.2626 FAX

www.hpchristianacademy.org

LIABILITY RELEASE FORM

(Release of All Claims)

In consideration of being accepted by *Highland Park Christian Academy* and participation in its program, trip or activity, I do hereby release forever, discharge and agree to hold harmless the Highland Park Christian Academy and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature participation in the program, trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of participation, including expenses incurred attendant hereto unless negligence on the part of the *Highland Park Christian Academy*.

Signed this _____ day of _____

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 agents are released from any acts of malfeasance and/or failure to act on the part of those administering medical care on behalf of the participant(s).

Print Child's Name: _____

Print name of Parent/Legal Guardian: _____

(Parent's/Legal Guardian's Signature)

Participant's Insurance Company _____

Policy Number: _____

Home Telephone Number: _____ Cell Number: _____

Work Telephone Number: _____