



LIABILITY RELEASE FORM AND AUTHORITY

All sections of this form MUST be completed.

Name of child (Under 18 yrs):	
Home address:	
Phone number:	
Name of Parent/Legal guardian:	
Travel Locations	Melbourne High School , Forrest Hill South Yarra Melbourne Convention Centre , Cnr Spencer & Flinders St. Dallas Brooks Centre, 300 Albert St East Melbourne Melbourne Town Hall, Cr Swanston & Collins St Melbourne Olympic Park, Swan St Adventure Resort, Phillip Island , -Boom Camp Any Other Necessary Location For Planetshakers Events

I understand that **City Church** will take **all** reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by **it** for **any Church** activity **and/or event** is of a standard **reasonably fit for the purpose**.

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

I hereby indemnify **City Church including but not limited to its volunteers, employees and authorized officers** against any and all claims arising from, or in connection with, any **loss or injury and/or damage** that may be suffered by my child, or that my child may cause to another person, **and/or** any loss **or** damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly **or incidental to** the **conduct of any activity or event** described in the schedule **hereto**.

I agree that **City Church** may authorise **emergency** medical treatment **as my child may reasonably require**. (This includes, but is not limited to, ambulance attendance and hospital treatment) I agree to pay all medical expenses incurred for the said treatment.

INFORMATION FOR EMERGENCY USE ONLY

Emergency contact Name:	
Emergency Number:	
Family Doctor:	
Family Doctor ph:	
Family Doctor address:	

SIGNATURE (Parent/Legal guardian): _____ Date: _____