



LIABILITY RELEASE

NOTE: WE RESERVE THE RIGHT TO REFUSE ANYONE WHO DOES NOT HAVE A R.O.A.R. LIABILITY RELEASE FORM SIGNED BY THE PROPER INDIVIDUALS.

If there, are existing medical limitations; including allergies, which would affect or limit you or your child participation in any R.O.A.R. event, or of which medical personnel should be made aware, please indicate below. Without such notice, it will be assumed that you or your child is physically fit and mentally capable of participation in ALL activities.

****NOTIFY THE R.O.A.R. LEADERS OF ANY MEDICAL LIMITATIONS OR SPECIAL NEEDS.
THE LEADERS ARE RESPONSIBLE FOR TAKING CARE OF THESE SPECIAL NEEDS.

Legacy Church, and R.O.A.R. Student Ministries, including employees and representatives of the aforementioned organizations shall be held harmless from any suit, action, damages, or claims at law or otherwise resulting from or arising out of any injury, accident, or illness which may befall on _____ and his/her property while at any R.O.A.R. event. **Name of Active R.O.A.R. Participant**

If the R.O.A.R. member is a minor, this release is applicable to the R.O.A.R. member and his/her parents or guardian.

****PLEASE HAVE THIS RELEASE FORM NOTARIZED.**

The undersigned parent or guardian hereby authorizes **Legacy & R.O.A.R. Ministries** to take such action as may be necessary for the medical care or treatment including the administration of medication, permission for surgery, or such other action as needed in the event of injury or illness of a participant or when parent or guardian cannot be reached for authorization. This authorization may be presented to medical personnel without liability of said personnel to seek further authority.

Signature of Parent/Guardian, if under 18 years of age

Date _____

Signature of Notary

Date _____