

LIABILITY RELEASE

2026 –2027 SEASON

Liability Release

The following LIABILITY release is for all youth gatherings for the 2026–2027 season.

We, the undersigned parent(s) or legal guardian(s) for _____
do hereby release, forever discharge, and agree to hold harmless Bridgewater Vineyard Church, 13 Cross Street, East Bridgewater, MA, (hereinafter referred to as the Church) and the representatives 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 whatsoever which may be incurred by my child in the course of participation in all Youth Gathering Activities during the 2026–2027 season (September 1, 2026–September 1, 2027). Furthermore, we agree to assume all responsibilities for any of the previously mentioned occurrences. We give authorization for the Church to provide all necessary food, transportation, and lodging (if applicable). We give our permission for our child to participate in YOUTH GATHERING ACTIVITIES and for any representative of the Church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred. Should our child have to return to the parent or guardian before the group activity is scheduled to end for medical or disciplinary reasons, we hereby assume any costs incurred.

Transportation Release

The following TRANSPORTATION release is for all youth gatherings for the 2026–2027 season.

We, the parents of _____
, do hereby give consent for our son/daughter to be transported in the designated vehicle of Bridgewater Vineyard Church, 13 Cross Street, East Bridgewater, MA, during the 2026–2027 season (September 1, 2026–September 1, 2027).

Medical Release

The following MEDICAL release is for all youth gatherings for the 2026–2027 season.

Child's full name: _____

Full address: _____

Phone: _____ Date of birth: _____

School: _____ Grade: _____

Physicians name and phone number: _____

Insurance company and policy number: _____

Known allergies, physical limitations, or medications: _____

ADD/ADHD: _____

Mother's name: _____ Phone number: _____

Father's name: _____ Phone number: _____

Parent's email address: _____

In case of emergency and the parent/guardian cannot be reached, contact:

Name: _____ Phone number: _____

Address: _____ Relationship: _____

Name: _____ Phone number: _____

Address: _____ Relationship: _____

By signing this form you are agreeing to the following: Liability Release, Transportation Release and Medical Release for your child for any or all activities they may participate in during the course of our yearly schedule.

Parent/Guardian signature: _____ Date: _____