

Beyond the Limits 2025

Liability and Medical Release Form

December 6, 2026
Ablaze | Deuteronomy 4:24

Mail Forms and Payments to:
Beyond the Limits Attn: Cari Terracina
P.O. Box 7417, Alexandria, LA 71306

Phone: (318) 448-6120
Fax: (318) 448-6121 or (318) 473-0539
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STEUBENVILLE
SOUTH

Church / Group Name: _____ Group Leader: _____

1. Basic Information

Participant's Name: _____ M / F: _____ Date of Birth: ____/____/____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

(Parent's) Phone: _____ (Parent's) Email Address: _____

2. Health Information: Please have your insurance card with you at all times.

Insurance Company: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Insurance Phone Number: _____

Participant's Doctor: _____ Physician's Phone: _____

Participant's allergies, if any, including medication and foods: _____

Current medications taken by participant: _____

Medical History: _____

Emergency Medical Treatment:

The undersigned do hereby release forever, discharge, and agree to hold the above group/church/school, the Diocese of Alexandria, and/or the Sponsor or any Hospital or Medical Center used while on trip/event harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned while attending activities. Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage, and expense arising from the undersigned participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned. The undersigned further hereby agrees to indemnify and hold the above group/church/school, the Diocese of Alexandria, the City of Alexandria, and/or the Sponsor, and/or any Hospital or Medical Center used during the event/trip, and their respective members, directors, employees, and agents (collectively, the "indemnities"), harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney's fees and expenses sustained by the indemnities as the result of the negligent, willful, or intentional act of the undersigned.

In the event of an emergency, please contact:

Name: _____ Phone Number: _____

3. Agreements:

For Adults: As an adult participant, I remain fully responsible for my actions taken. I further consent to the conditions stated above on participation in this event, including the method of transportation, and the use of appropriate pictures/video taken of me while participating in the event. Should it be necessary for me to return home due to medical reasons, disciplinary action, or otherwise, I assume all responsibility and transportation costs.

For Minors: I hereby consent the participation of my child at this event under the guidance of supervision of chaperone(s) as I understand that the event may take place away from the church/school grounds. As a parent or legal guardian, I remain fully responsible for actions taken by the named student. I further consent to the conditions stated above on participation in this event, including the method of transportation and the use of appropriate pictures/video taken of my child while participating in the event. I hereby grant permission for my child to participate fully in the event and all of its undertakings, and hereby give our permission to take said participant to the doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery, and I, notwithstanding any question of liability involved in this emergency, fully, and completely, assume responsibility for all medical bills. Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I assume all responsibility and transportation costs.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding agreement, and that I have signed it knowingly, and voluntarily.

Participant Signature: _____ Parent/Legal Guardian Signature: _____

Date: ____/____/____

Parent/Guardian Name: _____ Home Phone: _____