

RELEASE FORM

Meadowview Baptist Church 10715 Ooltewah-Georgetown Rd 37336

Participant Name _____

Birth date _____ Sex _____ Age _____ SS# _____

Parents/Guardian _____

Address _____

Email _____ Phone _____ Cell _____

Physician's Name _____ Phone _____

Health Insurance Co. & Address _____

Policy No. _____ Group # _____

Insured Name _____ SS# _____

Employer _____

Health Problems/Special Needs _____

Drug/Food Allergies _____

Polio Vaccine Current! Y / N _____ Last Tetanus Shot _____

Regular Medication _____

Activity Restriction _____

PARENTS: Please read, sign, and date the following: Please provide us with the name of your health insurance carrier and your policy number in the event of a hospital visit.

"IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for my child, as named above." By signing below, the participant/guardian acknowledges and accepts the risks of physical injury associated with participation in the activity. Except for gross negligence on the part of the sponsor, the participant/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant/guardian promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant/guardian agrees to resolve the matter through a mutually acceptable arbitration process.

Signature _____ Date _____

IMPORTANT: If applicable, please photocopy insurance card and submit with this sheet.

Legal Guardian _____ Witness _____

Notary Public _____ My Commission Expires _____

