

# RELEASE FORM



Meadowview Baptist Church

10715 Ooltewah Georgetown Rd, Georgetown TN 37336

Participant Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. & Address \_\_\_\_\_

Policy or I.D. # \_\_\_\_\_ Group # \_\_\_\_\_

Insured Name \_\_\_\_\_

Employer \_\_\_\_\_

Health Problems/Special Needs \_\_\_\_\_

Drug/Food Allergies \_\_\_\_\_

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, anesthesia 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 \_\_\_\_\_