

2008 Liability / Medical Information Form

I do hereby release, forever discharge and agree to hold harmless Flint River Baptist Church and the directors, staff, employees, members, and agents 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 the undersigned and the participant that occur while said person is participating in all activities including recreation and work activities during this calendar year. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, members, and agents from any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, members, and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

NAME _____ BIRTHDATE: _____ SEX: _____
(Print or Type)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (HOME): _____ (WORK): _____ (MOBILE): _____ (PAGER) _____

PARENT OR LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (HOME): _____ (WORK): _____ (MOBILE): _____ (PAGER): _____

PERSON TO CONTACT: (other than a Parent or Legal Guardian) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (HOME): _____ (WORK): _____ (MOBILE): _____ (PAGER): _____

CURRENT PRESCRIBED MEDICATIONS: _____

ALLERGIES: _____

SHOULD YOUR ACTIVITIES BE RESTRICTED IN ANY WAY? YES NO

If yes, please explain in detail:

OTHER IMPORTANT MEDICAL INFORMATION: _____

PARTICIPANT'S INSURANCE COMPANY: _____

POLICY NUMBER: _____

PLEASE NOTE: FORM MUST BE SIGNED IN THE PRESENCE OF THE NOTARY!

SIGNATURE (Parent's or Legal Guardian's if Participant is a minor)

DATE: _____

_____, PERSONALLY
APPEARED BEFORE _____
PERSONALLY KNOWN BY ME, AND IN MY PRESENCE EX-
ECUTED THE WITHIN AND FOREGOING PERMISSION AND
RELEASE FORM. WITNESS MY HAND AND OFFICIAL SEAL
THIS _____ DAY OF _____ OF THE
YEAR _____.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC