

The Heights Student Ministry

Medical Release Form

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Full Name _____ Date _____
(Last) (First) (Middle)
Home Address _____ Date of Birth ____/____/____
City _____ Zip _____ Home Phone _____
Spouse Name _____ Spouse's Mobile # _____
My Mobile # _____ Date of last Tetanus Shot _____
Emergency Contact _____ Phone _____
(other than your spouse)
Doctor's Name _____ Phone _____
Insurance Company _____
Policy Number _____ Name of Policy Holder _____
List name/age of children in your family: _____
List allergies _____
List Medications taken regularly _____
Swimming: I am a (circle one): Non-swimmer Fair Swimmer Good Swimmer
Any other special instructions _____

(PLEASE ATTACH A SECOND SHEET IF NECESSARY)

I, _____, willingly and knowledgeably plan to take part in various sponsored activities, trips, outings and camps of The Heights Baptist Church, Richardson, TX. I am physically able, have permission to participate and accept the risks involved in all aspects of my participation including transportation associated with such events. I understand that in the event I require medical or dental treatment while engaged in the various sponsored activities, trips, outings and camps, reasonable efforts will be made to contact the person(s) I listed above; however, I give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for me. I release The Heights Baptist Church, it's representatives and sponsors from liability for accident or injuries during activities, trips, outings and camps connected to The Heights Baptist Church. I further understand and agree that, in the event that I am involved in any inappropriate or dangerous activities, I will pay all my expenses and leave the activity/camp immediately at the discretion of the approved sponsors and/or church representative. I have supplied, understood, and agree to all the information contained on the Medical Release form. For good consideration the undersigned individual hereby agrees to provide his or her assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection there with. I have read this release and am fully familiar with its contents and I understand that this agreement is a release of all claims including the negligence of the church and all representatives.

This Release Form is valid from January 1st, 2008 - December 31st, 2008
(It is understood that all information is current until notification in writing)

_____	_____	_____
Printed Name of Participant	Signature of Participant	Date
_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

Call for appointment - Notary available in the Church office.

Must be notarized

SWORN TO and SUBSCRIBED before me on this _____ day of, _____, 20____ Notary Public Signature _____
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