

Leon Springs Baptist Church Emergency Medical Release & Liability Waiver

Student's Name _____ Birthdate _____
Street Address _____
City _____ State _____ Zip _____
Social Security Number _____

EMERGENCY INFORMATION

Guardian's Names: _____
Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____
Work Phone: (____) _____ - _____ Email: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Phone: _____
Name _____ Phone: _____
Allergies _____
Other Conditions _____
Physician _____ Phone: _____
Insurance Company _____ Phone: _____
Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE THE STUDENT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability of death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at the time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue First Baptist Church of Leon Springs, its affiliated organizations and sponsors, their employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the First Baptist Church of Leon Springs will cause the student to be removed from the program.

Parent/Guardian Signature _____ **Date** _____
(Parent/Guardian's Signature is required if participant is under the age of 18)

Participant's Signature _____ **Date** _____
(Participant's Signature is required if participant is 18 years of age or older)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT