

Central Baptist Students, Liability & Medical Release Form

Participant _____ Male Female Grade _____

Address _____ City _____ State _____ Zip _____

Participant Email _____ Home Phone _____ Cell Phone _____

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____

Current Medications _____

Emergency Contact Info: Parents/Legal Guardian (with whom you live):

Name _____ Cell Phone _____

Home Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Central Baptist Student Ministry Event. The individual identified on this form understands that all participants are expected to abide by the rules and be directly responsible to the Event Director. The Event Director assumes responsibility for discipline at the Event and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless Central Baptist Student Ministries and its employees and volunteers from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Central Baptist Student Ministry Events. I also release the lessor/owner of properties on which the Event is held. **I agree to pay for any damages or property loss as determined by Central Baptist Student Ministries or Event Officials.**

Further, I do authorize the Minister or sponsor of this Event or any Central Baptist Student Ministries volunteer, in the even I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Central Baptist Student Ministries to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____
(If under 18 parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____