



# Liability & Medical Release Form

Event Name: \_\_\_\_\_

Participant: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_ Insurer's Name: \_\_\_\_\_

Known Allergies & Reactions: \_\_\_\_\_

Curent Medications: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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 the events, small groups, and activities sponsored by Central Baptist Students and/ or Central Baptist Church in Owasso, OK. The student identified on this form understands that all participants are expected to abide by the rules and are directly responsible to the Student Pastor and Student Ministry Volunteers. The Student Pastor and/ or Student Ministry Volunteers assumes responsibility for discipline at the events and, if necessary, may, because of misconduct or disobedience, require the student listed to leave the activity. **In such instances the parent/ legal guardian assumes full responsibility for returning the student home.***

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

*Further, I do authorize the Student Pastor/ Student Ministry Volunteers/ Event sponsor, in the event I cannot be reached by phone, to give consent to a physician and/ or hospital for emergency medical or surgical treatment while on an activity , trip, or any church sponsored event. **It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.***

*Further, I do authorize my student to ride in church provided transportation and/ or transportation provided by student ministry volunteers to and from events and during events or activities. I also hereby release the owners of the provided transportation of liability.*

*Further, I do authorize Central Baptist Church and its ministries to use photographs and video footage of the student listed above for promotional materials, websites, social media, and internal media*

*Further, I do certify that said student 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 Student Named Above: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Parent/ Legal Guardian: \_\_\_\_\_

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_