



ADVENTURE ZONE

Medical & Liability Release Form

Name _____ Age _____
 Address _____
 City _____ Zip _____
 Phone (____) _____
 In Emergency Notify _____
 Phone (____) _____
 Doctor _____ City _____
 Phone (____) _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? ___ Yes ___ No
 If "Yes", Name: _____
 Policy Number: _____
 Address: _____

Please list any allergies, medications being taken, or physical impairments to which a physician should be alerted:

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

I give my child permission to leave First Baptist Church property with the ministry leaders for the purpose of participating in the off campus activities. In addition, by signing this release you give permission for your child to be sent home for any disciplinary reasons.

I give my child permission to register himself in the Sunday School Ministries of First Baptist Church.

Parent or guardian's signature _____
 Date _____