

**MT. CARMEL BAPTIST STUDENT MINISTRY  
MEDICAL AND LIABILITY RELEASE**

**PERSONAL:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ OTHER: \_\_\_\_\_

**FAMILY:**

LEGAL GUARDIAN: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_  
FAMILY OR FRIENDS TO NOTIFY IN CASE OF AN EMERGENCY:  
NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INSURANCE INFORMATION:**

COMPANY: \_\_\_\_\_  
INSURED NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_ PLAN NUMBER: \_\_\_\_\_

Please attach a copy of your ID card, if possible.

**MEDICAL:**

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CURRENT MEDICATIONS (Please include name, dosage, and time of day taken)

MAJOR MEDICAL PROBLEMS: \_\_\_\_\_  
WHAT DO YOU USUALLY TAKE FOR A HEADACHE?: \_\_\_\_\_ LIST  
ALL MEDICATIONS YOU ARE ALLERGIC TO:

WHAT MEDICATIONS, IF ANY, SHOULD YOU NOT TAKE?  
WHAT PHYSICAL LIMITATIONS, IF ANY, DO YOU HAVE?

**RELEASE:**

In consideration for being accepted by Mt. Carmel Baptist Church, Demorest, GA, for any and all planned activities and trips, do for myself and for my child under the age of 18, release, forever discharge, and agree to hold harmless Mt. Carmel Baptist Church from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/ or the child/participant that occur while said child is participating in a activity or trip.  
(Complete back of form)

Furthermore, I (on behalf of my child/participant) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents as the result of any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I furthermore understand that should said child/participant need to be sent home because of health or disciplinary issues, I am responsible for all expenses incurred including, but not limited to, transportation and other costs for both the child/participant and an adult chaperone, if necessary.

I furthermore grant my permission for my child/participant to participate fully in said activities, and authorize medical treatment by a doctor, hospital, or other medical facility. I assume the responsibility of any medical bills, if any. I further authorize any adult chaperone who is a member of Mt. Carmel Baptist Church to sign papers authorizing consent in providing emergency care, in the event I cannot be reached. This document remains in effect until written revocation is made. A duplicated copy will be considered as valid as the original.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the said county and state hereby certify that \_\_\_\_\_, who is known to me or has produced identification, acknowledged before me on this date that being fully informed of the contents of the above document, he/she signed the same voluntarily. Given under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

