

MEDICAL RELEASE FORM

The activities, operated by Cleveland First Baptist Church, Inc., (the "Church"), under the supervision of the staff and volunteers the church, require the completion and acceptance of a medical release prior to participation.

_____ **Date:** _____
Student's Name

I _____, for the student indicated above, apply to Cleveland First Baptist Church to
(Parent or Legal Guardian)
participate in the activities of the church. I acknowledge and agree to, and represent, the following for myself and the student, in consideration of the opportunity to be provided by the Church (contingent upon its agreement to my child's and/or my participation).

Acknowledgment of Risks. I acknowledge that participating in the Activity involves risks and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of the Church.

Information Relied on by Church. I am the parent or legal guardian for the student for whom this document is signed. The student is in good health and sound mind. If necessary, I have discussed or will discuss with my physician the student's participation in the Activity, and the student has received or will receive any vaccination or other recommend prerequisite medical treatment my physician deems necessary. The student will participate in the Activity only if I deem it necessary, and believe that the student is able to participate without harm. I acknowledge that the Church will not assess or approve the student's fitness for participation. I am under no force or duress of any kind to compel the student's participation in the Activity or my signing of this document.

Release. THIS DOCUMENT IS INTENDED TO ABSOLVE THE CHURCH OF ANY LIABILITY TO ME OR THE STUDENT THAT IS RELATED TO THE STUDENT'S PARTICIPATION IN THE ACTIVITY. Accordingly, I hereby release the Church from, waive, and will never sue the Church for, any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with the student's participation in the Activity. Such liability includes any liability that arises or is alleged to arise from the Church's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that the student or I have sued or from whom the student or I have received compensation.

Medical Permission. I give my permission for the student to be treated for illness or injury sustained while participating in the Activity, including by the administration of emergency anesthesia or surgery; and authorize the adult leaders of the Activity to act on my behalf in ordering such treatment.

Definitions. (a) References to "me," "my," and "I" shall include and bind the student, my spouse, any parent of the student for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such student, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such student. (b) "Participation" or "participating" in the activity includes planning and preparing for, traveling to, and traveling from, as well as participating in, the Activity. (c) The "Church" includes (i) its affiliates, and institutions cooperating in the Activity; (ii) the trustees, elders, deacons, officers, employees, volunteers, and agents of the Church or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

PARENT/GUARDIAN

Signature _____ Date _____

Phone: _____ Cell: _____

(CONTINUED ON THE BACK)

Brief Medical History

In the event of an emergency, the most accurate and updated information will be extremely helpful for us in providing the best care for your student.

List all Medical Conditions and any current Medication regimens:

List all known Allergies:

Alternate Emergency Contact (other than Signer of this Release)

Name: _____
Relationship to Student: _____
Phone: _____ Phone: _____

INSURANCE INFORMATION

Student's Full Name: _____

Student's Date Of Birth: ____/____/____

Parent Names: _____

Parent Cell Phone: _____ Parent Cell Phone: _____

Home Phone: _____ Alternate Phone: _____

Home Address: _____ City, Zip _____

Insurance Information

Insurance Carrier: _____

Policy Number/Group Number: _____

Policy Holder's Name: _____

Date of Birth: ____/____/____

Prescription Coverage (if applicable)

Insurance Carrier: _____ Phone Number: _____

Policy Number/Group Number: _____

(if different from above) Policy Holder's Name: _____

Date of Birth: ____/____/____

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF ALL APPLICABLE INSURANCE CARDS

Parent's Signature: _____ Date: _____