

medical and liability release

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____

Medical Insurance Company: _____

Policy Number: _____

Member's Name: _____

Allergies: _____

Medications Being Taken: _____

Physical Handicaps or Limitations: _____

Are there medications that your son/daughter cannot take? _____

Please check if we can administer any of the following medications if needed:

Tylenol Advil Motrin Aspirin Benadryl Pepto-Bismol, Tums, Roloids

In consideration of being accepted by Aldan Union Church for participation on the High School Ministry's Winter Retreat, we (I) do hereby release, forever discharge and agree to hold harmless Aldan Union Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of my child's participation in recreation and work activities.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

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

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I understand that I will be contacted as soon as possible should any situation like this arise.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Parent / Legal Guardian: _____

Signature of Parent / Legal Guardian: _____

Date: _____ Cell Phone: _____

Emergency Contact & Number: _____

Please attach a copy of the front and back of your insurance ID card.

We (I) have read over, with our son/daughter, the *Retreat Guidelines* and the list of items that should and should not be brought on this trip. We understand the guidelines and agree to abide by them while participating on this trip. We also understand what should and should not be brought on this trip. Further, we understand that there will be penalties for breaking any of the guidelines or for bringing an item that should not be brought. We understand that the penalty may vary depending upon the degree of the infraction and may even result in the participant being sent home from the trip. We agree to assume all responsibility of transportation for our son / daughter should they need to be sent home.

NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT: _____

NAME OF PARENT / GUARDIAN: _____

SIGNATURE OF PARENT / GUARDIAN: _____

DATE: _____

