

**MEDICAL/LIABILITY RELEASE FORM**  
**Release of All Claims, Waiver of Liability and Hold Harmless Agreement**

In consideration for being accepted by First Baptist Church of Clinton for participation in any and all activities during the calendar year 20\_\_, this act is given for all activities for the entire year:

**A. For the participant:** I/we, the undersigned, being 21 years of age or older, do for myself/ourselves hereby release, forever discharge and agree to hold harmless First Baptist Church, and the directors, officers, staff, employees, and/or volunteer members thereof from any and all liability, claim or demands for personal injury, sickness, death, property damage or expenses, of any nature whatsoever, which may be incurred by the undersigned that occur while I/we are participating in any activities or trips during said time period. Further, I/we hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and/or work activities involved in said trips and/or activities. Further, the agents, for any liability sustained by the said church as a result of the negligent, willful, or intentional acts of myself/ourselves, including any expenses incurred attendant thereto.

**B. For the responsible party of a participant:** I/we, being the custodial parent(s), guardian or responsible party for a participate under the age of 21 years, do for participant shown herein and my own behalf, hereby release, forever discharge and agree to hold harmless First Baptist Church, and the directors, officers, staff, employees, and/or volunteer members thereof from any and all liability, claim, or demands for personal injury, sickness, death, property damage or expenses, of any nature whatsoever, which may be incurred by the said participant while participant is involved in any activities or trips. Further, I/we hereby assume on behalf of said minor all risk of personal injury, sickness, death, damages and expenses as a result of participation in recreation and/or work activities involved in said trips and/or activities. Further, the undersigned agrees to hold harmless said church as a result of the negligent, willful, or intentional acts of the participant under the age of 21, including any expenses incurred attendant thereto. The undersigned declares that he/she is the legal guardian, parent, or custodian of the below written minor children or otherwise has authority to execute this release.

**C. For both:** I/we hereby grant my/our permission for said child to participate fully in said trips and/or activities, and hereby give my/our permission for the church to take myself/participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatments, and the undersigned assumes responsibility for all medical expenses, if any. If as an adult or a minor said participant is rendered unable to authorize medical treatment, the church through its agents is authorized to arrange for such treatment as may in their/its sole discretion be deemed appropriate. I/we agree to hold church harmless for such actions taken, whether rightly or wrongly but in good faith, and agrees to hold free and harmless and indemnify the church for such expenses incurred. This act is authorization for the church to provide any necessary transportation, food, and lodging for the participant. Should it be necessary to return a participant home due to medical reasons, disciplinary action, or otherwise, I/we hereby assume responsibility for all transportation costs and agree to reimburse the church for any such expenses incurred.

\_\_\_\_\_  
(Type or print name of participant)

\_\_\_\_\_  
Print address

Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Print father's name or legal guardian

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian's home/work phone

\_\_\_\_\_  
Print mother's name

Cell Phone Number \_\_\_\_\_

Social Security No. \_\_\_\_\_

Medical insurance \_\_\_\_ Yes \_\_\_\_ No  
Insurance Company \_\_\_\_\_

\_\_\_\_\_  
Address of custodial parent/guardian

Policy No. \_\_\_\_\_

Other emergency contacts and phone numbers:

Primary care physician \_\_\_\_\_

\_\_\_\_\_

Physician's telephone # \_\_\_\_\_

\_\_\_\_\_

*Note: One custodial parent/guardian signs in the presence of the notary for participants under age 21; otherwise participant should sign below:*

**I/we have read and understand the above and foregoing rules of conduct for participants and the release of liability/medical release form, and agree that I/the participant must abide by same and the directions of the leadership during the activities this act covers. I/we hereby agree to said release of liability/indemnity agreements contained herein.**

Signed: \_\_\_\_\_

Participant/legal guardian sworn to and subscribed before me, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_\_ Mississippi..

My commission is for life or \_\_\_\_\_

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

**PARTICIPANT MEDICAL HISTORY**

Medical History:

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Allergies:

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Blood type: \_\_\_\_\_

Medications now taking and dosage: \_\_\_\_\_

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**\*ALL INFORMATION GIVEN WILL BE CONFIDENTIAL AND WILL ONLY BE USED IN AN EMERGENCY SITUATION.**