## CHURCH LIABILITY RELEASE FORM

Name of Participant	,	Date of Birth			
Address	City	Stat	eZip		
I do hereby release, forever dischar the directors / pastors / volunteers tl personal injury, sickness or death, a	hereof, from any and a	ıll liability, cla	ims, or dema	, AL, and nds for	
This release covers transportation prepresentatives who are properly lice. First Baptist Church, Centre, AL property to emergency medical or deanesthetic, and surgical treatment, to	ensed to drive in the soperty or any other site ental treatment, include	state of Alabar te during progr ling examination	na; also meeti rams and activ on, diagnosis,	ngs on the vities; also treatment,	
Medical Information					
Name of insured:					
Insurance Company:				<del>,</del>	
Policy Number:	· · · · · · · · · · · · · · · · · · ·				
Primary Physician:	Phone				
Know Allergies / Medication / M	dical Problems:	· · · · · · · · · · · · · · · · · · ·			
Name of Participant / Parent / Gua	rdian				
Address	City	State	Zip		
Emergency Contact	Pho	Phone			
		Date			
Check here if you would <u>NOT</u> publish in print, electronic, or vide this box, you release all claims agabeyond.	like to give First Bap to format the likeness ainst First Baptist Chu	tist Church, C or image of yourch, Centre, A	entre, AL per our child. By L with respec	mission to not checki ot to 2024 a	
Date received by church					