

MEDICAL AND SURGICAL WAIVER

I. MINOR CHILDREN

To be filled out by the parents or legal guardians of young people under 18 years of age: I, _____, the parent or legal guardian of _____, (hereinafter referred to as "MINOR") a minor, hereby acknowledge that said minor is presently under my care, custody. I hereby give my child, the said minor, permission to go to activities with FIRST BAPTIST CHURCH of MORRISTOWN (HAMBLLEN COUNTY), TENNESSEE, (hereinafter referred to as "CHURCH"). I further expressly grant my permission for my child to participate in all planned activities. In making such, consent, participant and custodian acknowledge that they understand that there are risks to both persons and property associated in such activities, and they hereby consent to assume such risk.

In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the CHURCH, or its representatives, or the trip sponsors to make such decisions to perform such medical treatments, x-ray examination, anesthesia, and/or surgery or hospital care upon said MINOR which may in their sole discretion be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of said MINOR do release, acquit, exonerate, discharge, and covenant to hold harmless and not to sue and do hereby waive and relinquish whatever right parent/guardian may have or which otherwise might accrue against CHURCH, or its representatives, or trip sponsors by virtue of the sponsorship and supervision of activities from any and all actions, damages, and/or liabilities of every nature and kind arising out of any accident or sickness, or treatment thereof, incurred by my child during activities with CHURCH.

The consent, waiver, and release provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by CHURCH at its office at 504 West Main Street, Hamblen County, Morristown, Tennessee 37814.

Signature of parent and/or guardian _____ Date _____
Address _____ Phone _____

II. ADULTS

To be completed by those OVER 18 years of age and older: I, the undersigned, am 18 years of age or older. I have read the above Waiver of minors and do agree to the same terms. I do hereby release, acquit, discharge, and covenant to hold harmless CHURCH, or its representatives, or the trip sponsors from any and all actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by me while involved in activities with CHURCH.

Signature of participant _____ Date _____
Address _____ Phone _____

MEDICAL INFORMATION

Student's Name: _____ Birthdate _____ Sex _____

Social Security # _____
Address _____ Phone () _____

Insurance Co. _____ Phone () _____

Policy #: _____ Group #: _____

Name of family member the policy is under _____

Family Physician _____ Phone () _____

Immunization status and date: Tetanus _____ Typhoid _____ Polio _____

Other: _____

List any physical limitations/needs which we need to know or might hinder participation in activities (allergies, asthma, migraine headaches, stings, bites, etc.) _____

List any special instructions should medical treatment be required (rare blood typos, medication allergies, High blood pressure diabetic, etc.) _____

Emergency Contact Information

(1) Name _____ Phone () _____ Cell () _____ Relationship _____

(2) Name _____ Phone () _____ Cell () _____ Relationship _____

NOTARY INFORMATION:

Sworn and subscribed before me: Date _____

Notary Signature: _____

COPY of Insurance Card of
Parent/Driver License of
Parent