

## Heritage Baptist Church Release Form

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Emergency Phone: \_\_\_\_\_

### **1. Medical Consent for Minors and Adults**

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

Signature of participant (and parent/guardian if under legal age):

X \_\_\_\_\_ X \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_ Initial if self signed only: \_\_\_\_\_

### **2. Insurance for Minors and Adults**

I understand that Heritage Baptist Church does not provide primary or major medical insurance coverage for losses, sickness, or injuries that may occur to me (or my child) while participating in this trip/event. I am responsible for providing my own (or my child's) insurance coverage. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expense should emergency transportation back home be necessary. As for medical insurance, I have the following coverage:

Insurance Company: \_\_\_\_\_ Policy and/or group plan # \_\_\_\_\_

Address: \_\_\_\_\_

ID # of the Insured: \_\_\_\_\_ The participant is \_\_\_ the insured \_\_\_ a dependant of the insured.

Printed name of the insured: \_\_\_\_\_

X \_\_\_\_\_  
*(Signature of the Insured)* *Date*

X \_\_\_\_\_  
*(Signature of Minor or Covered Dependant)* *Date*

**3. Release of Liability for all Adults and Minors**

I am aware of the potential risks to myself and my property (or my child and his/her property) as I (or he/she) participate in the Heritage Baptist Church program. With such knowledge, I voluntarily release Heritage Baptist Church, their representatives and employees from any and all liability related to the activities of this program.

Signature of participant (and parent/guardian if under legal age):

X \_\_\_\_\_ X \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_ Initial if self signed only: \_\_\_\_\_

**4. Permission to Travel for Minors Only**

As a parent or guardian, I give my permission for (name) \_\_\_\_\_  
to travel to (location) \_\_\_\_\_ to participate in Heritage  
Baptist Church's program on (dates) \_\_\_\_\_  
Program or Activity (name/description) \_\_\_\_\_

Signature of parent/guardian:

X \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_

\_\_\_\_\_