

MEDICAL and CIVIL LIABILITY RELEASE FORM

Each participant **MUST** complete the following Medical & Civil Release Form. For those 21 years of age and under, the parent or legal guardian **MUST** sign.

Personal Information For **All** Participants:

Name: _____

Address: _____ Gender: M F

City: _____ St.: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Country: _____ Social Security # _____

Phone: _____ Work Phone: _____ Ext: _____

For **Youth** Participants Only:

Parent / Guardian (circle one): Name _____

Phone: (____) _____ Work # (____) _____ Ext.: _____

Emergency Contact: For **Youth** Participants **Only**

Name: _____ Phone _____ Work # _____

Relationship to youth: _____

Alternate Emergency Contact:

Name: _____ Ph.# _____ Work # _____

Relationship to youth: _____

For **Adult** Participants **Only** Emergency Contact:

Emergency contact: _____

Relationship: _____

Phone: (____) _____ Work # _____ Ext.: _____

Medical History:

[Please use the back side if you need more space for any question]

Please list any medical problems: _____

Allergies: _____

Past Surgeries: _____

Name of medications & dosage you will be taking: _____

List medications you are allergic to: _____

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ALL PARTICIPANTS MUST BE COVERED BY THEIR OWN INSURANCE

Name of Health Insurance Company: _____

Policy #: _____ Ph. #: (_____) _____ Ext. _____

Name of Responsible Party _____ Ph.# (_____) _____

Cell/Other Ph. #: _____ Social Security #: _____

Doctor Name: _____ Phone Number: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM

TO WHOM IT MAY CONCERN:

I, _____, the legal guardian of _____
(PLEASE PRINT NAMES) Parent / Legal Guardian of said teen Teen Participant

OR I, an Adult participant _____ do hereby give permission to the
(PLEASE PRINT NAME) Adult Name

leadership and staff of *ASD Church of The Nazarene* and or its representative to care for the administration of general first aid treatment and emergency treatment such as X-ray's, medical, surgical or dental diagnosis treatment for injuries received to Teen/or said Adult participant during this event. I hereby give permission to the leadership of *ASD Church of The Nazarene* and or its representative to summon any and all professional emergency personnel to attend, transport, and treat my teen/or said adult participant. I agree to pay any cost to a transport company, hospital, or doctor that this action may incur. I also understand that this event will require my son/daughter to make choices and to keep a schedule, and that he/she may not be under direct adult supervision at all times. Furthermore, I understand that there is a certain amount of risk in swimming at the beach and my teen has permission to attend the Fall Retreat. The use of **TOBACCO, ALCOHOL, OR OTHER CONTROLLED SUBSTANCES** will not be permitted Use or possession of these items will result in your dismissal from the event. I agree to release and hold harmless any and all staff and lay assistants of *ASD Church of The Nazarene* and or its representative from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence.

To Whom It May Concern:
The undersign hereby gives permission to any hospital, medical facility, and or Doctor to give out any and all medical /condition information (for Teen/or said adult participant) to the *ASD Church of The Nazarene* and or its representatives.
Parent/Legal Guardian or Adult Participant: _____ - Date: _____

THIS RELEASE IS IN EFFECT FROM: Monday May 28, 2007 to Monday June 4, 2007

PARENT/ LEGAL GURADIAN: _____ DATE: _____
(signature to be in the presence of a Notary Public)

The following section to be completed by NOTARY PUBLIC
Before me, A Notary Public, in and for said _____ County and State of Alabama this _____ day of _____ 200 ____ personally appeared _____ and acknowledged execution of the foregoing. In Witness Whereof, I have hereunto set my hand and Notary Seal.
State of: _____ County of: _____
Notary Public Signature: _____
Commission expiration date: ____/____/____
Notary Seal