

2019 MEDICAL RELEASE FORM

It is understood that all information is current until notification in writing.

STUDENT

Student Last Name: _____ First Name: _____ Middle Name: _____

D.O.B.: (MM/DD/YYYY) _____ Gender: M or F Student Email: _____

Home Address: _____ City: _____ Zipcode: _____

Student Cell: _____ School: _____ Current Grade: _____

Primary Parent/Guardian Name: _____ Email: _____ Cell: _____

Emergency Contact (If Parent/Guardian Is Unavailable) Name: _____ Relationship: _____ Cell: _____

Doctor's Name: _____ Office Phone: _____ Date of Last Tetanus Shot: _____

Insurance Co: _____ Policy #: _____ Name of Policy Holder: _____

List Any Current Medications: _____

List Any Allergies, Including Food Allergies: _____

Swimming Level: Non-Swimmer Fair Swimmer Good Swimmer

Any other instructions regarding student: (Please attach a second sheet if necessary.) _____

I, _____, (student) willingly and knowledgeably plan to take part in various sponsored activities, trips, outings and camps of The Heights Baptist Church, Richardson, TX. I am physically able, have permission to participate and accept the risks involved in all aspects of my participation including transportation associated with such events. I understand that in the event I require medical or dental treatment while engaged in the various sponsored activities, trips, outings and camps, reasonable efforts will be made to contact the person(s) I listed above; however, I give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for me. I release The Heights Baptist Church, it's representatives and sponsors from liability for accident or injuries during activities, trips, outings and camps connected to The Heights Baptist Church. I further understand and agree that, in the event that I am involved in any inappropriate or dangerous activities, I will pay all my expenses and leave the activity/camp immediately at the discretion of the approved sponsors and/or church representative. I have supplied, understood, and agree to all the information contained on the Medical Release form. For good consideration the undersigned individual hereby agrees to provide his or her assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection there with. I have read this release and am fully familiar with its contents and I understand that this agreement is a release of all claims including the negligence of the church and all representatives.

**This Release Form is valid from January 1, 2019 - December 31, 2019
(MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)**

Printed Name of Student _____

Signature of Student _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

NOTARY PUBLIC

SWORN TO & SUBSCRIBED before me on this _____ day of _____, 2019

Notary Public Signature: _____ and SEAL: