

**ROLLING HILLS BAPTIST CHURCH
THE ROCK STUDENT MINISTRY
MEDICAL AND LIABILITY RELEASE**

STUDENT:

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

DATE OF BIRTH: _____

FAMILY:

LEGAL GUARDIAN: _____

RELATIONSHIP: _____ PHONE: _____

OTHER FAMILY OR FRIENDS TO NOTIFY IN CASE OF EMERGENCY

NAME: _____

RELATIONSHIP: _____ PHONE: _____

MEDICAL:

PHYSICIAN: _____ PHONE: _____

CURRENT MEDICATION: _____

(PLEASE INCLUDE NAME, DOSAGE, AND TIME OF DAY TAKEN)

MAJOR MEDICAL PROBLEMS: _____

ALLEGERYYS: _____

MEDICATION YOU USUALLY TAKE FOR A HEADACHE: _____

INSURANCE INFORMATION:

COMPANY: _____

INSURED NAME: _____ RELATIONSHIP: _____

ID NUMBER: _____ PLAN NUMBER: _____

PLEASE ATTACH A COPY OF YOUR ID CARD

Release

In consideration for being accepted by **The Rock** Student Ministries of Rolling Hills Baptist Church, Buford, Georgia, for any and all planned activities and trips, I do for myself and for my child under the age of 20, release, forever discharge, and agree to hold harmless Rolling Hills Baptist Church from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child/participant that occur while said child is participating in a trip or activity.

Furthermore, I (on behalf of my child/participant) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents as the result of any liability sustained by said church as the result of negligent, willful, or intentional acts of said participant including expenses incurred by attendant thereto.

I furthermore understand that should said child/participant need to be sent home because of health or disciplinary issues, I am responsible for all expenses incurred including, but not limited to, transportation and other costs for both the child/participant and an adult chaperone, if necessary.

I furthermore grant my permission for my child/participant to participate fully in said activities and authorize medical treatment by a doctor, hospital, or other medical facility. I assume the responsibility of any medical bills, if any. I further authorize any adult chaperone who is a member of Rolling Hills Baptist Church to sign papers authorizing consent in providing emergency care, in the event I cannot be reached. I understand by participating my child's picture will be taken and maybe used by the church on the website and/or videos created by the church.

This document remains in effect until written revocation is made. A duplicated copy will be considered as valid as the original.

Printed Name: _____ Date: _____

Signature: _____

State of _____ County of _____

I, _____, a Notary Public in _____ and for the said county and state hereby certify that _____, who is known to me or has produced appropriate identification, acknowledged before me on this date that being fully informed of the contents of the above document, he/she signed the same voluntarily. Given under my hand and official seal this the _____ day of _____, 20____.

Notary Public: _____
Commission Expires: _____