

Apex Baptist ROAR 2019 Medical Release & Liability

Name: _____

Age: _____ Date of Birth: _____

Home Phone: _____ Alt. Phone: _____

Parents: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Allergies/Conditions/Medications: _____

Ins. Company & Policy Number: _____

Medical Release and Liability:

In the event of sickness or some medical emergency, I, the undersigned parent/guardian, request my child receive any medical attention or treatment deemed necessary, therefore, I give permission to any hospital, doctor, and/or healthcare provided to transport, treat and/or admit for care of my child. I understand that I am responsible for all expenses and charges for treatment and care of my child. In the event I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of Apex Baptist Church.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release and hold harmless Apex Baptist Church and the leaders from liability for any and all claims for personal illness or injury that my son/daughter may sustain during ROAR 2019. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulation of ROAR 2019.

Guardian's Signature

Date