



MAILING ADDRESS:

10611 Fondren Rd
Houston, TX 77096

CONTACT INFO:

713.777.1651 (Main); 713.772.1002 (Fax)

Medical & Liability Release Form

The undersigned does hereby give permission for my child _____,
(child's name)("Participant"),
to attend and participate in any BRAESWOOD ASSEMBLY OF GOD, INC. activity.

LIABILITY RELEASE: In consideration of **BRAESWOOD ASSEMBLY OF GOD, INC.** allowing the Participant to participate in the Summer Children's Outreach, I, the undersigned, do hereby release, forever discharge and agree to hold harmless **BRAESWOOD ASSEMBLY OF GOD, INC.**, its Pastors, Board Members, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in church activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental 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 for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: In the event my child suffers an illness or injury that requires medical attention, I give **BRAESWOOD ASSEMBLY OF GOD, INC.** the authority to obtain whatever medical attention is deemed necessary, and release and hold harmless **BRAESWOOD ASSEMBLY OF GOD, INC.** its Pastors, Board Members, directors, employees, volunteers and teachers of any liability related to obtaining that medical attention. I understand **BRAESWOOD ASSEMBLY OF GOD, INC.** will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from a physician and/or hospital personnel designated by **BRAESWOOD ASSEMBLY OF GOD, INC.**, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care.

Parent/Guardian First and Last Name (please print): _____

Parent/Guardian Signature: _____

Insurance Company: _____ Policy #: _____

Primary Care Physician: _____ Physician Ph. #: _____

Emergency Contact: _____ Emergency Ph. #: _____

Participant Signature (if 21 or older): _____ Date: _____

ATTN, PARENTS: SUBMIT ONE FORM PER CHILD!