



Faith Presbyterian Church
Medical Authorization & Release of Liability

Release of Liability:

I understand that participating in Faith Presbyterian Church activities is a privilege. In consideration of that privilege, I am signing this Release of Liability form on behalf of:

_____ (Name of individual participating in the activity)

Name of Activity: All Bedrock Student Ministries activities September 2016-August 2017

I give permission for I/my child to participate in any Bedrock Student Ministries activities, some of which include but are not limited to, recreation activities, games and trips off campus on transportation provided by the church. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release Form, I expressly assume these risks, whether such risks are known or unknown to me at this time. I further release Faith Presbyterian Church, including its directors, volunteers, employees, and agents from any claim that my family or I may have against them as a result of physical injury or illness incurred during participation in Faith Presbyterian Church activities. This release of liability shall include (without limitation) any claims for negligence and breach of fiduciary duty against Faith Presbyterian Church and its employees, volunteers, or agents.

Authorization for Medical Treatment:

With increasing complexities of the medical system, I understand it may be necessary to have a consent form in the unlikely event of an injury or emergency condition require medical treatment for:

_____ (Name of individual participating in the activity)

This release and consent gives Faith Presbyterian Church, its employees, and volunteer personnel the permission to take the aforementioned individual to the nearest available medical facility for the purpose of necessary emergency medical treatment.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME OR MY ALTERNATE; HOWEVER, IF I OR MY ALTERNATE CANNOT BE REACHED, I HEREBY GIVE FAITH PRESBYTERIAN CHURCH, ITS EMPLOYEES, AND VOLUNTEER PERSONNEL PERMISSION TO ACT ON BEHALF OF THE AFOREMENTIONED INDIVIDUAL IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR THEIR PERSONAL HEALTH, SAFETY, AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING THE MEASURES DEEMED NECESSARY. I RELEASE FAITH PRESBYTERIAN CHURCH, ITS EMPLOYEES, AND VOLUNTEER PERSONNEL, AND ALL EMERGENCY MEDICAL PROVIDERS FROM ALL LIABILITY IN ACTING ON THE BEHALF OF SAID INDIVIDUAL IN THIS REGARD AND IN RENDERING SUCH MEDICAL TREATMENT.

I hereby agree that this Medical Authorization and Release shall be binding upon my heirs, my legal representatives, assigns and me. I shall defend, indemnify and hold Faith Presbyterian Church, including its directors, volunteers, employees and agents harmless from any liability asserted by my family including reasonable attorney's fees and costs. I shall also defend, indemnify and hold any medical facility and medical personnel harmless from any liability asserted by my family including reasonable attorney's fees and costs. I also warrant that I/my child (named above) am/is physically fit and able to participate in any Faith Presbyterian Church activities in which I choose to participate, whether on the church premises or another location.

Signature: _____ Date: _____



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Information Sheet

Participant's Name: _____ Birth Date: _____

Address: _____ City/State: _____ Zip: _____

Parent/Guardian Name: _____ Phone Number: _____

Address (if different): _____ City/State: _____ Zip: _____

Primary Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Medical Information:

Insurance Company: _____ Policy Number: _____

Primary Doctor: _____ Contact Number: _____

Does that aforementioned participant have any significant or life-threatening allergies? Yes No

If so, what are those allergies? _____

I understand that Faith Presbyterian Church personnel cannot administer prescription medications. The aforementioned participant understands and is able to administer this medication on his/her own: Yes No

Medications currently being used by the participant:

Please indicate any specials health risks/needs:

- Asthma
- Heart Disease
- Diabetes
- Stroke
- Seizures
- Other: _____

Signature: _____ Date: _____

(Please attach any other pertinent medical information about the participant on a separate sheet)