

LIABILITY AND EMERGENCY TREATMENT RELEASE FORM

TRINITY FELLOWSHIP CHURCH
YOUTH MINISTRY
932 S. GREENVILLE AVE. 75081 * RICHARDSON, TEXAS

PERSONAL

NAME: (LAST) (FIRST) (MIDDLE)

ADDRESS CITY STATE ZIP

SOCIAL SECURITY # BIRTHDATE AGE SEX

NAME OF PARENT OR GUARDIAN HOME PHONE # WORK PHONE #

MEDICAL

INSURANCE CO. POLICY #

CURRENT MEDICAL CONDITIONS

ALLERGIES (BE SPECIFIC)

CURRENT MEDICATIONS (INCLUDE NON-PRESCRIBED "OVER-THE-COUNTER" TYPES)

SURGERIES AND MAJOR ILLNESSES IN THE LAST TWO YEARS

EMERGENCY

PERSON TO CONTACT IN EMERGENCY RELATIONSHIP

HOME PHONE # WORK PHONE # OTHER

AUTHORIZATION FOR MEDICAL TREATMENT

I am the undersigned parent and/or guardian of _____, a minor. I hereby authorize the administration of emergency medical treatment to she/he who is the subject of this form. I understand all reasonable safety precautions will be taken at all times by TRINITY FELLOWSHP CHURCH or its agents liable for any accident, injury, or disease incurred by the subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) names above immediately.

SIGNATURE _____ DATE _____ PRINT NAME _____

LIABILITY RELEASE AGREEMENT

As a parent or legal guardian of _____, a minor, I voluntarily and absolutely release, discharge, waive and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death to she/he who is the subject of this form as a result of her/his observing or using facilities or equipment of Trinity Fellowship Church, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur.

SIGNATURE _____ DATE _____ PRINT NAME _____