

ANNUAL GENERAL LIABILITY, MEDICAL AND SURGICAL WAIVER

8/07/2017-8/17/2018

Student's Name _____ Date of Birth _____ Grade _____
Address _____ School _____
City/State/ZIP _____ Home Phone _____
Parents' Names _____ Other Contact _____
Emergency Contact Name & Number _____
Family Physician _____ Phone No. _____
Clinic _____ Phone _____ Clinic Emergency Phone _____
Preferred Local Hospital _____
Insurance Company _____ Policy # _____
Member's Name _____ Insurance Co. Phone # _____
Allergies _____
Medication being taken _____
Physical Handicaps or Special Conditions _____

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Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. Acting as the parent or legal guardian, I retain full liability for any physical injury to my child which

occurs during participation in any Ridgecrest Baptist Church event or activity. Further I do hereby waive and release any and all claims against Ridgecrest Baptist Church, its staff, representatives or sponsors, whether in contract or of personal injury, bodily injury, property damages, damages, losses and/or death that may arise as a result of my child(ren)'s participation in any Ridgecrest Baptist Church event or activity. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Ridgecrest Baptist Church staff, its representatives, and sponsors, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in the information given to them be necessary and proper under the circumstance. I, the undersigned parent and/or legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Ridgecrest Baptist Church or its representatives or the sponsors, from any and all actions, causes of actions, related risks and dangers, including damages, negligence, liabilities arising out of the treatment of any injury, sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Ridgecrest Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

Signature of Parent or Guardian
(*Sign in presence of Notary only)

Date

I also agree and will allow my child's picture taken for use by Ridgecrest Baptist Church. Pictures may be used for public display or published on the Ridgecrest Baptist Church website, used in newsletters, newspaper and/or flyers: _____
(Parent/Guardian initials)

State of Missouri, County of _____
Sworn to and subscribed before me
this _____ day of _____, 20____

(signature)

Notary Public for Missouri

Commission Expires:

_____/_____/_____
Place seal or stamp to the right →