

# Atascadero First Assembly of God

# Liability Release Form

In consideration for being accepted by Atascadero First Assembly of God Church for participation in all activities, we (I), being 18 years of age or older, do for ourselves (myself) [and for and on behalf of my child– participant if said child is not 18 years of age or older] do hereby release, forever discharge and agree to hold harmless Atascadero First Assembly of God Church and the directors thereof from any and all liability, claims or demands for 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 child participant that occur while said child is participating in a church– sponsored activity.

Furthermore, we (I) [and on behalf of our (my) child– participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents, 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.

(If the participant has not attained the age of 18 years):

We (I) are the parent (s) or legal guardian (s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said events, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Print name of participant _____	Age _____	Date of Birth _____
Mother's Name _____	Father's Name _____	(Only the participant needs to sign if 18 years or older. If the participant is under 18, both parents must sign Unless the parents are separated or divorced, in which Case the custodial parent must sign.)
Parent (s) home telephone _____	Work Telephone _____	
Parent (s) cellular phone _____	Pager number _____	Father _____ Date _____
Hospital insurance      Yes No		Mother _____ Date _____
Insurance company _____		Legal guardian _____ Date _____
Policy number _____		Participant, if age 18 or older _____ Date _____
Physician's name _____		
Physician's phone _____		

**In case of Emergency, please list two emergency contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Emergency Medical Information

## Health History

<u>YOU HAVE HAD:</u>	<u>Yes/No</u>	<u>IS SUBJECT TO:</u>	<u>Yes/No</u>
An attack of appendicitis	Yes/No	Seizures	Yes/No
Asthma or hay fever	Yes/No	Sinus Trouble	Yes/No
Hernia (rupture)	Yes/No	Fainting Spells	Yes/No
Diabetes	Yes/No	Ear Trouble	Yes/No
Do you take insulin?	Yes/No	Convulsions	Yes/No
Poliomyelitis	Yes/No	Nervousness or easily upset	Yes/No
Heart trouble	Yes/No	Car/bus/plane sickness	Yes/No
Severe allergies	Yes/No		
Scarlet Fever	Yes/No	<b><u>IS ALLERGIC TO:</u></b>	<b><u>Yes/No</u></b>
Other: _____		Poison Ivy, Oak, or Sumac	Yes/No
		Reaction to Penicillin	Yes/No
		Other: _____	

Are your activities restricted due to medical reasons? Yes/No

Are you under medical care requiring medication? Yes/No

Are you currently taking any medication? Yes/No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All medication must be checked in with our trip care giver (*unless over 18 years old*).**

If you answered yes to any of the above health history questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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