MEDICAL AND LIABILITY RELEASE FORM 2012-2013
Mount Zion Baptist Church

Name_____Birthdate_____

Address_____

City_____Zip_____Phone_____

Employer_____ T Shirt Size_____

In case of emergency, please notify_____

Phone Number(s)_____

Name of Physician _____ Phone number_____

Address _____ City _____ Zip_____

Name of Dentist _____ Phone number _____

Address_____ City _____ Zip _____

HEALTH HISTORY: allergies and other conditions

___Insect Allergies	___Drug Allergies	___Other Allergies
___Frequent Colds	___Heart	___Asthma
___Physical Handicap	___Epilepsy	___Hay Fever
___Frequent stomach upsets	___Diabetes	____Other
___Penicillin		

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

_____

_____

_____

Date of last tetanus shot:_____

Name and dosage of any medications that must be taken:

_____

_____

_____

Activity Restrictions: _____No _____Yes

Explain:_____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you are on a church-related activity.

Do you have health/medical insurance? _____Yes _____No

If "no," you will be billed for medical charges in the case of illness or injury while you are on a church-related activity.

If "yes," Name of Company: _____

Policy #_____

Address:_____

Phone: _____

Please include a copy of your insurance card for the church's record.

Mount Zion Baptist Church may periodically use your photographs, in its sole discretion, including but not limited to publications, videos, and websites. If you prefer us not to use your image, please indicate in the box below:
❑ No, you may not use my photographs.

Consent to Medical Treatment: In the event of an emergency, I hereby give permission to the physician, dentist, or other health care provider selected by the authorized representative of Mount Zion Baptist Church, Huntsville, AL, to provide medical treatment deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.

RELEASE OF LIABILITY AND INDEMNITY: I AGREE TO ACCEPT AND ASSUME FULL RESPONSIBILITY FOR ALL RISKS AND HAZARDS INHERENT IN AND ASSOCIATED WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CHURCH AND EACH OF ITS EMPLOYES, OFFICERS, REPRESENTATIVES AND VOLUNTEERS AGAINST ANY LIABILITY, COST, LOSS, CLAIMS AND ACTIONS, INCLUDING NEGLIGENCE, BASED UPON OR SUSTAINED IN CONNECTION WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. THE UNDERSIGNED UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL CONSENT, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

_____
NAME

SIGNATURE

_____ (seal)

STATE OF ALABAMA
COUNTY OF _____
Before me, a notary public, on this day appeared _____
known to me to be the person whose name is subscribed to the foregoing document and declared that the statements therein contained are true and correct.
Given under my hand and seal of office this _____ day of _____, 20___.
Notary Public Signature_____
My commission expires _____
Notary Public typed or printed signature_____

Return form to Mount Zion Baptist Church, Student Ministry Office, 228 Mt. Zion Road, Huntsville, AL 35806

THIS FORM SHALL EXPIRE SEPTEMBER 1, 2013