

MEDICAL INFORMATION FORM AND RELEASE

NOTE: The Release must be signed by the participant's parent/legal guardian if the participant is not of legal age.

As the parent/legal guardian of _____, I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

PARTICIPANT INFORMATION

Participant's Name _____ Social Security # _____
Permanent Address _____ Date of Birth _____ Sex _____
City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First: Backup Contact (Relative or Friend):

Name _____ Name _____
Relation to Participant _____ Relation to Participant _____
Daytime Phone _____ Daytime Phone _____
Evening Phone _____ Evening Phone _____
Known allergies of this minor, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance.

If yes, provide the following information which is required by Oasis Christian Center, Inc. to expedite treatment and to facilitate the billing process.

Policy Holder's Name _____
Policy Holder's Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
Policy Holder's Employer's Name _____
Employer Address _____
Insurance Company Name _____
Insurance Company Address _____
Policy # _____ Plan # _____

Signature of Parent/Guardian _____

OASIS CHRISTIAN CENTER, INC.
WAIVER OF LIABILITY

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you are injured or otherwise suffer damages while participating in events/activities at Oasis Christian Center, Inc. for dates _____.

I, _____ (participant) hereby release, waive, discharge and covenant not to sue or hold in liability Oasis Christian Center, Inc. and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the related event/activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Kentucky.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date

Name (Please Print)

Signature

Signature of Parent/Guardian (if under 18 yrs of age)