



HILLCREST BAPTIST CHURCH
800 EAST NINE MILE ROAD
PENSACOLA, FL 32514
850.476.2233

LIABILITY RELEASE

Hillcrest Baptist Church shall not be held responsible for any personal injury or property damage to the undersigned individual. By participating in any activities on or related to property owned or operated by Hillcrest Baptist Church, you assume all risk associated with any injury or damage that may occur. You must supply the insurance information listed below before being allowed to participate in any of the activities for which you are registering. In the event there is a claim of any type made or filed against Hillcrest Baptist Church related to you, you must agree to hold harmless and indemnify Hillcrest Baptist Church from any claim or any type of damages and attendant costs or attorney's fees. Consideration for such obligation shall be permission for your participation in the activity.

MEDICAL TREATMENT AUTHORIZATION RELEASE

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Minor Full Legal Name: _____
Home Address: _____
Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice:

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications:

Allergies (Other):

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

PLEASE COMPLETE REVERSE SIDE

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Hillcrest Baptist Church to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize Hillcrest Baptist Church to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Hillcrest Baptist Church in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through 30, September 2015.

Signed this _____ day of _____ 2014.

Parent / Legal Guardian Signature: _____

Printed Name: _____

Notary Signature: _____

Commission Expiration Date : _____