

PARENT/GUARDIAN SIGNATURE ___

HILL COUNTRY BIBLE CHURCH RELEASE FORM

| NAME | AGE DATE OF BIRTH | |
|---|---|---|
| PARENT/GUARDIAN NAMES | HOME PHONE | |
| ADDRESS | STATE Z | IP |
| PARENT OCCUPATION | WORK PHONE | |
| In the event that a parent or guardian is not available, lis | st one other name and phone number to notify in case of an em | nergency. |
| EMERGENCY CONTACT | PHONE | |
| | | |
| HEALTH INSURANCE COMPANY | PHONE | |
| POLICY NUMBER | NAME OF INSURED | |
| FAMILY DOCTOR | PHONE | |
| DATE OF LAST TETANUS SHOT (must be current) | | |
| If you have any medical problems, special medications please note them below. | s, diets, allergies, allergies to medications, or have had a major | illness or surgery within the last twelve months |
| (Attach additional sheet with details if needed.) | | |
| petaci additional arect with details in record.) | | |
| PERMISSION AND LIABILITY RELEASE – | | |
| youth group we (I), being 21 years of age or old age or older), do hereby release, forever discha any and all liability, claims or demands for perso may be incurred by the undersigned and the chil Furthermore, we (I) and on behalf of our death, damage and expense as a result of partici Further, authorization and permission is he The undersigned further hereby agree to by said church as the result of the negligent, will We (I) are the parent(s) or legal guardiar event, and hereby give our (my) permission to talimitation to emergency surgery or medical treat Further, should it be necessary for the assume all transportation costs. | dill Country Bible Church Georgetown for participation in the der, do for ourselves (myself) and for and on behalf of my child-parge and agree to hold harmless Hill Country Bible Church George and injury, sickness or death, as well as property damage and ex ld-participant that occur while said child is participating in the air (my) child-participant of under the age of 21 years) hereby assipation. Pereby given to said church to furnish any necessary transportation hold harmless and indemnify said church, its directors, employed full or intentional acts of said participant, including expenses income, so of this participant, and hereby grant our (my) permission ake said participant to a doctor or hospital and hereby authorized the medical participant to return home due to medical reasons, discipling participant to return home due to medical reasons, discipling the properties of the participant to publish all photos and/or videos of my surgetown, permission to publish all photos and/or videos of my surgetown, permission to publish all photos and/or videos of my surgetown, permission to publish all photos and/or videos of my surgetown, permission to publish all photos and/or videos of my surgetown, permission to publish all photos and/or videos of my surgetown, permission to publish all photos and/or videos of my surgetown, permission to publish all photos and/or videos of my surgetown. | participant (if said child is not 21 years of pretown and the directors thereof from penses, of any nature whatsoever which bove-described event or activity. Sume all risk of personal injury, sickness, on, food and lodging for this participant. Ever and agents, for any liability sustained curred attendant thereto. For him (her) to participate fully in said exemptical treatment, including but not in the participant or otherwise, we (I) hereby |
| ADDITIONAL'S SIGNATURE | DATE | |
| APPLICANT 5 SIGNATURE | DATE | |

(Only if applicant is under 21 years of age)