

Please complete and return to the Church Office.
Woodland Oaks Church of Christ
Sponsor Liability Release for Medical Purposes
Release of All Claims

In consideration for being accepted by **Woodland Oaks Church of Christ** for participation in:
events and activities.

I, being 18 years of age or older (Sponsor), do hereby release, forever discharge and agree to hold harmless **Woodland Oaks Church of Christ** 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 participating in the events and activities.

Furthermore, I 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 negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I give my permission to be taken 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, I hereby assume all transportation costs.

1st Emergency contact person (relation?)

Emergency phone number

2nd Emergency contact person (relation?)

Emergency phone number

(Type or print name of participant)

Participant signature: _____

Date: _____

T-Shirt Size – Circle One: Adult Sizes: S M L XL XXL

MEDICAL INFORMATION

Medical information for: _____ DOB: _____
(name of participant)

Physician Information

Physician's Name: _____ Phone: _____

Medical Insurance Information

Policy Holder: _____ Group # / Policy #: _____

Insurance Provider: _____ Phone: _____

Current Medications

Drug / Food Allergies

Chronic Illnesses or Medical Conditions

(ADD or ADHD, asthma, bleeding disorders, diabetes, epilepsy, heart problems, intestinal problems, seizures, etc.)

Comments or Special Instructions