2011 Texas Free Will Baptist
Texas Leaders for Christ
RETREAT REGISTRATION AND
MEDICAL AND LIABILITY RELEASE FORM

In consideration for being accepted for participation at 2011 Texas Free Will Baptist Texas Leaders For Christ, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child) do hereby release, forever discharge and agree to hold harmless Texas Association of Free Will Baptists and the directors/officers 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 and the child that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child) 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 sponsoring group to furnish any necessary transportation, food, and lodging for this child. .

The undersigned further hereby agree to hold harmless and indemnify said organizations, directors, employees and agents, for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this child (if participant is under 18 years of age) and hereby grant our (my) permission for him/her to participate fully in said trip or activity, and hereby give our (my) permission to take said child to a doctor or hospital and hereby authorize dental and medical treatment, including, but not in limitation to, emergency surgery, medical treatment or hospitalization, and assume the responsibility for all medical bills, if any.

Further, should it be necessary for the child to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume responsibility for all transportation costs.

_____
Print name of participant ○ Male ○ Female

_____
Date of birth Grade

TEXAS ASSOCIATION OF FREE WILL BAPTISTS
Group Name

_____
Hospital insurance ○ Yes ○ No

_____
Insurance company name (if Medicaid - write here)

_____
Policy number / Medicaid number

_____
Physician's name and phone number

_____
Father's signature Date

_____
Mother's signature Date

_____
Legal Guardian's signature Date

_____
Parent(s) telephone - home and work

_____
Emergency phone number

Please list any allergies and/or medications your child is taking.

_____
_____
_____

I have read the foregoing information and understand the rules of conduct and will abide by them as well as directions from the leadership of this workshop.

Signature of participant_____ Date _____

_____

Street Address City State Zip Code