

2010 ANNUAL GENERAL LIABILITY, MEDICAL AND SURGICAL WAIVER

Name _____ Birthday _____ Grade _____

Address _____ School _____

City/State/ZIP _____ Home Phone _____

Parents' Names _____ Parents' Work Phone _____

Emergency Name & Number _____ Student's Social Security # _____

Family Physician _____ Chart No. _____

Clinic _____ Phone _____ Clinic Emergency Phone _____

Preferred Local Hospital _____

Insurance Company _____ Policy # _____

Member's Name _____ Ins. Company Phone # _____

Allergies _____

Medication being taken _____

Physical Handicaps or Special Conditions _____

GENERAL LIABILITY, MEDICAL AND SURGICAL WAIVER

Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. Acting as the parent or legal guardian, I retain full liability for any physical injury to my child which occurs during participation in any First Baptist Church of Ozark event or activity. Further I do hereby waive and release any and all claims against First Baptist Church of Ozark, its staff, representatives or sponsors, whether in contract or of personal injury, bodily injury, property damages, damages, losses and/or death that may arise as a result of my child(ren)'s participation in any First Baptist Church of Ozark event or activity. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the First Baptist Church of Ozark staff, its representatives, and sponsors, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in the information given to them be necessary and proper under the circumstance. I, the undersigned parent and/or legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless First Baptist Church of Ozark or its representatives or the sponsors, from any and all actions, causes of actions, related risks and dangers, including damages, negligence, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the First Baptist Church of Ozark staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

Signature of Parent or Guardian
(*Sign in presence of Notary only)

Date

State of Missouri, County of _____
Sworn to and subscribed before me

this _____ day of _____, 2010

(signature)

Notary Public for Missouri

Commission Expires:

_____/_____/_____

Place seal or stamp to the right →