

CHAMBLEE FIRST UNITED METHODIST CHURCH
770-457-2525
LIABILITY AND EMERGENCY TREATMENT RELEASE

PROGRAM: _____ **DATE:** _____

PARTICIPANT: _____ **DATE OF BIRTH:** _____

In consideration of the benefits flowing to the participant as a result of the program named above, the undersigned hereby waives, releases, and forever discharges its officials, employees, and agents, from any and all claims, demands, damages, actions, causes of actions or suits of whatsoever kind of nature, including, without limitation, property damage, bodily injury, or even death suffered by the undersigned as a result of or in connection with the program named above, including, without any limitations, any travel associated therewith.

Being fully aware of the risk of bodily injury, the undersigned does further agree that the participant assumes the risk of any danger involved in the program.

Being desirous of arranging for the medical care and treatment of our minor child during his/her participation in the above mentioned program, we do hereby authorize the Chamblee First United Church to act in the following matters in behalf, place and stead:

- (a) To obtain and authorize medical care and treatment of our minor child at any hospital, emergency medical center, or any other health or medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art.
- (b) To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized..

This Medical Authorization shall remain effective until such time as the program has completed.

KNOWN MEDICAL CONDITIONS: _____

Signature of Parent or Guardian

Name of Parent or Guardian(please print)

Relationship to participant

Address _____ **Zip Code** _____

Primary Phone _____ **Secondary Phone** _____