

CASBC Release Form 2014
Youth Medical Release and General Permission Form

Attach a photocopy of insurance card.

Church Information:

Youth Info: Name _____ Age _____ Date of Birth: ____/____/____
SS# _____ Grade Completed _____ Child's Cell (____) _____ Home: (____) _____
Address: _____ City: _____ ST _____ ZIP _____

In case of an emergency notify:

Name: _____ Relationship: _____
Phone Numbers: Home: (____) _____ Work: (____) _____ Mobile: (____) _____ Other: (____) _____
Name: _____ Relationship: _____
Phone Numbers: Home: (____) _____ Work: (____) _____ Mobile: (____) _____ Other: (____) _____

Medical Profile: Generally, the participant's Health is: (Check One) _____ Excellent _____ Good _____ Fair _____ Poor

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain: _____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____
Heart Trouble _____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____ other _____

_____ List any any medicines or substances to which you are allergic: _____

_____ List any previous operations or serious illnesses _____

_____ List any medications you are currently taking: _____

_____ List any special diet or special needs: _____

Childhood Diseases: _____ Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____ Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician _____ Phone: (____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number: _____ Place of Employment: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the youth or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Cornelia Avenue Southern Baptist Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in any event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in any event or while on property leased or owned by any of the Released Parties.

Assumption of Risk. I am aware of the risks associated with participation in the event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Recreation- Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Complete and sign below (*participants who are minors per your state statute require Parent/Legal Guardian signature*).

Participant's Signature (only if 19 yrs of age or older): _____ Date: ____/____/____

Parent/ Guardian Signature: _____ Phone: (____) _____ Date: ____/____/____

Notary Acknowledgement: State of _____ County of _____ On _____
before me, _____, Notary Public, personally appeared _____ who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: _____ My commission expires: _____