

MEDICAL PERMISSION AND RELEASE FORM

Name _____ Age _____

In case of emergency, notify:

_____ Phone _____

My permission is granted to First Baptist Church staff members or sponsors in charge of the _____ (name of event) on _____ (date) to obtain necessary medical attention in case of sickness or injury for _____ (name).

I/We, the undersigned, do hereby release, remise, and forever discharge all sponsors and First Baptist Church of Cedar Hill, Texas, from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in the event or while being transported to and from the event.

Dated this _____ day of _____, 20____.