

## 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), 2008 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 \_\_\_\_\_, 2008.

\_\_\_\_\_  
Signature of Parent/Guardian