

MEDICAL RELEASE FORM/WAIVER OF LIABILITY

(For Group Trips Sponsored by Genesis Church, Inc.)

Name: _____

Name of Each Family Member Attending Trip On Same Policy and Date of Birth

_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Policy Holder Name: _____

Primary Care Physician: _____ Phone: _____

Name of Insurance Company: _____ Policy #: _____

Date of Last Tetanus Shot: _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to ReThink Life Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including, anesthesia, for me or my child's well-being.

Signed: _____ Date: _____

(Parent or Legal Guardian)

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below; release Genesis Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activities of Genesis Church.

Signed: _____ Date: _____

(Parent or Legal Guardian)