

# Oak Hill Baptist Church P.O. Box 3938 Meridian Mississippi 39303

## RELEASE/HOLD HARMLESS/INDEMINIFICATION AND MEDICAL FORM

### RELEASE OF ALL CLAIMS

In consideration for being accepted by Oak Hill Baptist Church, Meridian, Mississippi, for participation in any activity of the church or outside of the church, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Oak Hill Baptist Church, Meridian, MS, or any chaperon or minister for Oak Hill Baptist Church, Meridian MS, from any and all liability, claims or demands for personal injury, sickness or death, as well as properly damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any activity of Oak Hill Baptist Church, Meridian Mississippi.

Furthermore, we (I) (and on behalf of our (my) child participant (if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto:

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

This agreement shall remain in force until rescinded in writing by either party.

#### INITIAL ONE:

\_\_\_\_\_ This is a permanent form which may remain on file in the church office and used whenever needed until revoked by the undersigned.

\_\_\_\_\_ Specific event or activity only (name event). \_\_\_\_\_

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

Name of Participant \_\_\_\_\_ Emergency Contacts and Phone Numbers \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Parent(s) Business Telephone(s) \_\_\_\_\_

Hospital Insurance ( ) Yes ( ) No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Father \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Mother \_\_\_\_\_ Date \_\_\_\_\_

Physician's Telephone \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Preferred Local Hospital \_\_\_\_\_ Participant, if age 21 or older \_\_\_\_\_ Date \_\_\_\_\_

(Only participant need sign if 21 years of age or older. If under 21, parent(s) must sign unless due to separation, divorce or death, in which case the custodial parent must sign.)

On the above date, the above named person(s), personally known to me, appeared before me and in my presence executed the within and foregoing permission form. Witness my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

My Commission Expires \_\_\_\_\_

**Dates of immunizations:**

Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

**Past Medical History** (check, giving appropriate information)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Stomach Upset
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hay Fever

**Allergies:**

Food: \_\_\_\_\_

Penicillin/other drug (name): \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Poison sumac, oak, or ivy : \_\_\_\_\_

Other: \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Any current medications you are taking (list): \_\_\_\_\_

\_\_\_\_\_

Special Diet (name): \_\_\_\_\_

**Childhood Diseases:**

<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other
<input type="checkbox"/> Measles	<input type="checkbox"/> Whooping Cough	

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_  
Mother's Signature Date

\_\_\_\_\_  
Legal Guardian's Signature Date