

CHRIST CHURCH EVENT RELEASE FORM

Name of Event: _____

Date of Event: _____

In consideration of my acceptance as a volunteer in the above listed event, I, the undersigned, for myself, my heirs, executors, administrators and assigns, do hereby waive and release Christ Church, Greenville, South Carolina from any and all claims for damages for death, personal injury, loss of property or property damage I may have or that may subsequently be incurred by me, or my heirs, executors, administrators or assigns, as a result of my participation in the above event. In case of medical emergency, I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Name: _____ Gender: _____

Address: _____ Hm Phone: _____

City, State, Zip: _____ Cell Phone: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Date: _____ Signature: _____

Complete Insurance Details Below

Ins. Company: _____ Ins Phone: _____

Policy #: _____ Group # _____

Family Physician: Phone: () _____

(Dependents on Reverse)

Family Members/Dependent Release

Listed below are minors under my care that have my permission to volunteer at _____ event. I understand that all reasonable safeguards will be taken but that Christ Church and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I the parent or legal guardian of, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

List of Minors

1-Name: _____ DOB: _____

Allergies: _____

2-Name: _____ DOB: _____

Allergies: _____

3-Name: _____ DOB: _____

Allergies: _____

4-Name: _____ DOB: _____

Allergies: _____

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____

Date: _____

Phone Contact: _____

Complete Insurance details if different from Parent Release

Ins. Company: _____ Ins Phone: _____

Policy #: _____ Group # _____

Family Physician: Phone: () _____