

**First Baptist Church of Darlington
Emergency Medical Release of Liability**

This form authorizes participation in _____ (event) hosted on or about _____ (dates) by First Baptist Church of Darlington.

Participant's Information:

Participant's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____

Minor's Parent/Guardian's Name(s): _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Contact Home Phone: _____ Contact Cell Phone: _____

Medical Information:

Pre-existing Conditions: _____

Allergies: _____

Medications: _____

Medical Costs Covered by:

Insurance Company: _____

Policy #: _____

Hospital: _____ Physician: _____

Agreement:

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection to mine/minor's participation in this activity. Initial: _____

To the fullest extent permitted by law, I do hereby discharge First Baptist Church of Darlington and its agents/representatives from liability for any and all present or future claims regarding personal or bodily injury to said participant, which might result in minor injury up to death, which might result from or be sustained during participation in said activity. Initial: _____

This form further authorizes First Baptist Church of Darlington representative(s) to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, and the use of surgery should an emergency occur. It is also understood that this agreement covers only those situations, which are true emergencies, and/or the above emergency contact person cannot be reached for consent. I give permission to the activity leader, or in the case the activity leader is not present, the attending physician. Initial: _____

I/We will be responsible for payment of medical, dental, or hospital care or treatment expenses through my insurance policy. Initial: _____

This agreement was executed this _____ day of _____, 20____.

Participant's Signature: _____ Date: _____

Parent's Signature (for minors): _____ Date: _____

Notary Name: _____ Date: _____

Witness: _____ Date: _____

Please return this completed form to:
Darlington First Baptist Church
PO Box 297
Darlington, SC 29540