

Wavier / Medical Release Form
M.A.C.C.S.R Labor Day [English Program]

This church strives to be a safe, friendly space for all children, college students, and adults. In order to maintain a safe environment, we ask for you to fill out this medical form. It will be kept, confidentially, on a file at church for at least five (5) years.

Disclaimer: The medical insurance for ECBC and MACCSR does not cover for this event. If you have medical insurance, your carrier or you will be billed for medical charges in the case of illness or injury while the participant is on a church related activity. You agree to pay all fees and costs arising from this action to obtain medical treatment.

Name: _____
 (Last) (First) (M.I.)

Birth Date (Month / Year): _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Work Phone: _____
 (daytime or evening) (daytime or evening)

Cell Phone Numbers: _____

<input type="radio"/>	Middle School
<input type="radio"/>	High School
<input type="radio"/>	College/Adult

EMERGENCY CONTACT

(Please include a copy of your insurance card)

In case of emergency, is there someone else we could contact if we are unable to contact those listed above?

Name: _____

Relationship: _____

Address: _____

Daytime Phone: _____

Evening / Cell: _____

PHYSICIAN INFORMATION

Physician: _____

Address: _____

Phone: _____

SPECIAL NEEDS & HEALTH CONCERNS

Food / Medical Allergies: _____

Current Medication (dosage): _____

INSURANCE INFORMATION (Optional)

Is the participant covered by family medical / hospitalization insurance?

Carrier or Plan Name: _____

Policy Number: _____

Type of Policy: (Group or Individual)

Policy Holder: _____

AUTHORIZATION of Consent to Treatment

Function and Activites: It is my understanding that participating in the programs and recreational and other activities of EMMANUEL CHINESE BAPTIST CHURCH also known as "ECBC" and Mid-American Chinese Christian Summer Retreat also known as "MACCSR" is a privilege. Prior to myself/child/youth participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Special Events and Field Trips: I understand that the child/youth/myself named above may be participating in local service projects and fellowship during church events and/or retreats. I understand that during this period my child/youth/myself may take part in activities such as: minor yard work, cleaning, painting, and other activities consistent with the purposes of the church and the retreat. I also authorize my child/youth/myself to be transported, as needed via: church van, rented or loaned vehicles, or via other transportation approved by the church staffs and volunteers. I understand that should my child/youth/myself have special needs in regard to transportation or walking, as it may apply to this trip, it is my responsibility to inform a member of the ECBC and MACCSR staffs in advance.

Medical Release: I, the undersigned parent(s) and/or legal guardian (or participant if legal age), do hereby authorize the ECBC and MACCSR and its ministers, leaders, employees, volunteers, and agent to secure medical treatment for this person (me) in case of illness or accident for which they feel requires professional medical attention. I hereby, in advance, give permission to medical personnel selected by the church staff to secure proper treatment for, hospitalize, and order injection, anesthetics, or surgery for my child (me), in my absence. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care. I full understand the consequences of the foregoing statement and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely, and willingly.

Liability Release: Every activity sponsored by "ECBC" and MACCSR is carefully planned an adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. In consideration of "ECBC" permitting my child / young adult to participate in this event, I, on behalf of myself and my heirs, representative, directors, employees, volunteers, agents, insurer, successors, and/or assigns (hereinafter collectively referred to as "ECBC"), and forever waive any and all claims in law or equity, demands, suits, or liabilities, including claims for personal injury or loss of any kind, based upon or in any way arising out of and/or relating to my child's participation in the event, whether known or unknown and including any and all damages caused by ECBC's negligence, gross negligence and/or intentional acts. I further agree to indemnify and hold harmless ECBC, MACCSR, and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and program, or as a result of injury or illness of my child during such activities.

Signature of Parent / Guardian (participant, if legal age): _____ Date: _____

Printed Name: _____ Relationship: _____

