

Consent and Release Form
Second Baptist Church
Living Springs Camp

I DO, FOR MYSELF AND FOR MY CHILD, HEIRS AND ASSIGNS, HEREBY IRREVOCABLY AND UNCONDITIONALLY RELEASE, acquit, and forever discharge Second Baptist Church, d.b.a. Living Springs Camp, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my participation in the described activity or in any other associated activities including, but not limited to, any injury to myself or property, even injury resulting in death.

As a parent and/or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. I authorize the attending physician or any physician selected by the Director of Living Springs Camp to examine and treat my child, including but not limited to, X-rays, intravenous medications, prescription drugs, shots, and /or surgery. This authority is granted only after a reasonable effort has been made to reach me. My signature also serves to indicate my willingness to take full medical insurance responsibilities for my son/daughter and to release Second Baptist Church, and its other related ministries and employees from this liability.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THE RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Child's name _____ SS# _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Doctor's name _____ Phone Number _____

Name of Insurance Holder: _____

Insurance Holder's SS #: _____

Insurance Co. Name _____ Policy # _____

Group # _____

Any known allergies: _____

Medical conditions to be aware of, including previous illness: _____

Instructions and current medications taken: _____

Date of last tetanus shot: _____

Any special instructions for your child: _____

Signature of legal guardian _____ Relationship _____

Date _____

Notary Signature: _____ Date: _____.