EBY MEDICAL CONSENT AND LIABILITY RELEASE FORM 2020

Each (East Brainerd Church Of Christ, Chattanooga, TN) youth participant must complete all spaces on the Medical Consent and Liability Release Form, on the Authorization to Consent to Medical and Dental Care Form, and the Emergency Medical Information Form.

A PARENT OR GUARDIAN OF EACH PARTICIPANT UNDER 18 YEARS OLD MUST SIGN BOTH OF THE FORMS. These forms must be returned in order for the participant to attend the activities.

STUDENT'S NAME:					
CELL PHONE: ()	BIRTH DATE: _	//	MALE_	 FEMALE	
HOME ADDRESS:					
CITY/STATE/ZIP:					
PARENT/GUARDIAN(S):					
HOME PHONE: ()	DAD CELL: (_)			
MOM CELL: ()	OFFICE: ()				
HOME ADDRESS (IF DIFFERENT):					
HEALTH PLAN CARRIER:					
NAME OF INSURED:					
POLICY HOLDER OR INSURANCE					
FAMILY DOCTOR:	OFFIC	E PHONE:	()		
EMERGENCY CONTACT:					
HOME PHONE: ()	CELL: ()				
I understand that the (East Brainerd Church obeing given may include: Service events, sm				Liability Release Fo	orm is
I hereby consent to participation of me, and/o involved in the planned activities. I am aware transportation, and meal functions, in which t in addition to recreational activities. I understand that I have a duty to provide print in the p	e that in addition activities such as the participant also may be asked	Bible Study, w to participate r	vorship, sight- may involve ris	seeing, using publi k, such as service	c projects,
and I are covered by primary accident and m	=	,,,,,	, , ,		, ,
I release and discharge, (East Brainerd Chur from any and all claim and causes of action f attendance at, and travel to and from the eve harmless (East Brainerd Church Of Christ, C against loss from any and all present or futur me or my child, by anyone on behalf of me o sustained by me or my child during any such	for damages either at law or in equents or activities. Furthermore, I dehattanooga, TN), and its directors be claims, demands, or actions in r my child on account of any injur	uity that I may loo hereby expre , trustees, offic law or in equity y, illness, physi	have as result ssly agree to i ers, employee that may here ical condition,	of participation in, ndemnify and hold s, and other repres eafter by made or b	forever sentatives brought by
I, the undersigned, hereby acknowledge same as my own free act and deed.	that I have read the foregoing	g, understand	its contents,	and have signed	the
FOR PARTICIPANTS AGE 18 AND OVER					
Signature	Date				
FOR PARTICIPANT UNDER AGE 18:					
Parent Signature	Date				
	=				