

**CHAPERONE/SPONSOR
PERMISSION/LIABILITY WAIVER
MACEDONIA BAPTIST CHURCH – RALEIGH, NORTH CAROLINA**

As an adult, age 18 or over, I _____, am choosing to participate in this _____ activity (the “activity”) on _____ (date) sponsored by Macedonia Baptist Church (the “Church”). I, on behalf of myself, my personal representatives, heirs and assigns, release and covenant to hold harmless the Church, its employees, volunteers and agents (collectively the “sponsors”) from all demands, claims and causes of action I may have for personal injury, property damage, economic loss or emotional distress, or otherwise, arising from, or in any way relating to, the activity. I authorize the Church and sponsors to find adequate and reasonable medical treatment at my expense, if the need arises. **This waiver will serve as a Medical Release Form.**

Additionally, I understand that if I engage in any known or unknown illegal activities at any time while participating in the activity, the Church and sponsors will not be liable for any damages or problems I may cause, and will not be liable to perform any legal defense on my behalf. I also understand that if any problems do arise, I may be sent home, at my expense, on the first available means of transportation, at the sponsor’s discretion. I will be notified before and if this action becomes necessary.

I understand that by signing below, I agree to and will adhere to the preceding statements and choose to participate in this activity. Also, I understand that I will not be allowed to participate if this completed form does not accompany me before this activity begins.

I have carefully read the foregoing permission/release, know the contents thereof and sign the same as my own free act.

Signature (adult, 18 years or older) _____ Date _____ Phone Number _____

Witness (adult over age 18, non-family) _____ Date _____ Phone Number _____

Additional Information _____

Please give your insurance information below. This information will only be used if a situation warrants medical attention. If we do not have this information we will still seek medical treatment, but the billing issues will need to be settled between you, the insurance provider, and the medical provider.

Insurance Provider Name _____ **Policy Number** _____

Insured’s Name _____ **Group Number (if applicable)** _____

Please attach a copy of your insurance card to this form

Please list on the back of this form any medications being taken, allergies and other health issue information

PERMISSION/LIABILITY WAIVER

MACEDONIA BAPTIST CHURCH – RALEIGH, NORTH CAROLINA

As the parent or legal guardian of _____ (the “child”), I am in complete understanding that the child is participating in the ministry and outreach activities (the “activity”) sponsored by Macedonia Baptist Church (the “Church”) during the year January 1, 2012 to December 31, 2012. I, on behalf of myself and the child, our personal representatives, heirs and assigns, release and covenant to hold harmless the Church, its employees, volunteers and agents (collectively the “sponsors”) from all demands, claims and causes of action I or the child may have for personal injury, property damage, economic loss or emotional distress, or otherwise, arising from, or in any way relating to, the activity. I authorize the Church and sponsors to find adequate and reasonable medical treatment at my expense, if the need arises. **This waiver will serve as a Medical Release Form.**

Additionally, I understand that if the child engages in any known or unknown illegal activities at any time while participating in the activity, the Church and sponsors will not be liable for any damages or problems he/she may cause, and will not be liable to perform any legal defense on their behalf. I also understand that if any problems do arise, the child may be sent home, at my expense, on the first available means of transportation, at the sponsor’s discretion. The parent or guardian will be notified before and if this action becomes necessary.

I understand that by signing below, as the parent or guardian, I agree to and will adhere to the preceding statements and grant permission for the child to participate in this activity. Also, I understand that the child will not be allowed to participate if this completed form does not accompany him/her before this activity begins.

I have carefully read the foregoing permission/release, know the contents thereof and sign the same as my own free act.

Parent/Guardian Signature _____ Date _____ Phone Number _____

Witness (adult over age 18, non-family) _____ Date _____ Phone Number _____

Please give your child’s insurance information below. This information will only be used if a situation warrants medical attention. If we do not have this information we will still seek medical treatment, but the billing issues will need to be settled between you, the insurance provider, and the medical provider.

Insurance Provider Name _____ Policy Number _____

Insured’s Name and Address _____ Group Number (if applicable) _____

Please attach a copy of your insurance card to this form

Please list on the back of this form any medications being taken, allergies and other health issue information

Contact Information

Name	Address	Relationship
Primary _____		
Home Phone / Cell Phone / Work Phone	E-mail	

Name	Address	Relationship
Secondary _____		
Home Phone / Cell Phone / Work Phone	E-mail	

Medications taken by participant _____

Allergies _____

Other Relevant Medical Information _____

Other Information