ANNUAL MEDICAL RELEASE FORM (VALID FOR ALL OF 2017)

Student's Name:		
Address:	City:	Zip:
Parent(s) / Guardians(s) Name:		
Home Phone:	Parent's Cell:	
In an emergency please contact:		
Relationship to child:		
Emergency Phone:	Alternate #	
List any known Medical Conditions, inc	cluding food allergies and/or dr	ug allergies:

As parent or guardian, I hereby give permission for my child, _______, to attend any Grace Baptist Church events from January 1 thru December 31, 2017. In the event of an accident or injury, I will not hold Grace Baptist Church or individual ministers, leaders or drivers responsible. I do authorize the treatment by a qualified and licensed medical professional of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement physical impairment, or undo discomfort if delayed. This authority is granted after a responsible effort has been made to reach me.

I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Grace Baptist Church, its officers, employees or volunteers, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring while at Grace Baptist Church or at any other location sponsored by Grace Baptist Church. This release does not apply to intentional and/or willful acts of misconduct by Grace Baptist Church or any of its officers, employees or volunteers.

Should Grace Baptist Church, or anyone else acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnity and hold Grace Baptist Church harmless for all such fees and costs.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent/Guardian Signature:	Date: