Oakwood Baptist Church
FAMILY RELEASE / NOTICE FORM

NAME:_____
(Last) (First) (Middle)

CHILD(REN)'S NAME(S):_____

ADDRESS:_____
(Street) (City) (State) (Zip)

PHONE:_____ **BUSINESS PHONE:**
_____

MEDICAL INFORMATION (Use backside of form if necessary):

1. List below any physical defects or conditions you or your child(ren) have, such as allergies, heart condition, diabetes, etc._____
2. List any medication that you or your child(ren) are currently taking:_____
   _____
3. Should you or your child(ren) at any time during the trip require medical attention, list any special instructions below which you might require, such as allergic to penicillin, have a rare blood type, etc:
   _____

MEDICAL INSURANCE (if applicable):

Insurance Company Name: _____

Policy Number: _____

MEDICARE NUMBER (if applicable): _____

CONTACT PERSON IN THE EVENT OF AN EMERGENCY:

NAME:_____
(Last) (First) (Middle)

PHONE:_____**BUSINESS:**_____**CELL:**_____

Authorization for Medical Treatment

I, _____(please print), understand that emergency medical treatment may require Oakwood Baptist Church ("OBC"), its representatives or trip sponsors, or emergency health care providers, to make choices among alternative treatments, if I am unable to do so. I. hereby consent and give my permission to OBC, its representatives, or trip sponsors, or any health care provider or institution, to make such decisions and to perform any medical treatment or procedure, including surgery or anesthesia, upon me or my child(ren) which may, in their sole discretion, be necessary and proper under the circumstances.

In consideration of the agreement of Oakwood Baptist Church and/or its agents, representatives, employees, staff, pastors, members, or sponsors (collectively, OBC and/or its Affiliates) to act under this authorization, I hereby release, discharge, promise not to sue and promise to indemnify OBC and/or its Affiliates, for and from any and all claims, whether known or unknown, for personal or bodily injury, sickness, accident, medical expenses, death or property damage of any sort arising out of the treatment of any emergency medical condition. I further intend and agree that this release and authorization is binding upon any other person who may claim by or through me, including without limitation any spouse, life partner, child, heir, administrator, executor, legal guardian and/or assign. **I FURTHER AGREE THAT THIS RELEASE INCLUDES, WITHOUT LIMITATION, ANY CLAIMS ARISING OUT OF OR RELATED TO, IN ANY WAY, ANY NEGLIGENT ACT OR OMISSION, WHETHER SOLE, CONCURRENT OR OTHERWISE, OF OBC AND/OR ITS AFFILIATES.**

_____
SIGNATURE DATE

Photograph/Video Notice

I understand that as a participant in the Oakwood Family Ministries, my family's image, likeness or voice may be recorded during normal activities and agree that such recordings may be used in promotional materials for Oakwood Baptist Church (e.g., Website, posters, flyers, etc.).

_____
SIGNATURE DATE