Oakwood Baptist Church FAMILY RELEASE / NOTICE FORM

NAME:				
	(Last)	(First)	(Mid	dle)
CHILD(REN)'S NAME(S):			
ADDRESS:_				
	(Street)	(City) BUSINESS PHON		p)
MEDICAL IN	IFORMATION (Use bac	kside of form if necessa	ry):	
	t below any physical defects or conditions you or your child(ren) have, such as allergies, heart condition betes, etc			
2. List any r	nedication that you or yo	our child(ren) are currently	taking:	
		ny time during the trip rec ht require, such as allergio		
	SURANCE (if applicab	le):		
nsurance C	ompany Name:			
Policy Numb	oer:			
MEDICARE	NUMBER (if applicable):		
CONTACT P	PERSON IN THE EVENT	OF AN EMERGENCY:		
NAME:				
	(Last)	(First)	(Middle)	
			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