

Please complete and return to the Church Office.

**Woodland Oaks Church of Christ**  
**2017 Sponsor Liability Release for Medical Purposes**  
Release of All Claims

In consideration for being accepted by **Woodland Oaks Church of Christ** for participation in:  
2017 events and activities.

I, being 18 years of age or older (Sponsor), do hereby release, forever discharge and agree to hold harmless **Woodland Oaks Church of Christ** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned participating in the events and activities of 2017.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I give my permission to be taken to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, I hereby assume all transportation costs.

\_\_\_\_\_  
1<sup>st</sup> Emergency contact person (relation?)

\_\_\_\_\_  
Emergency phone number

\_\_\_\_\_  
2<sup>nd</sup> Emergency contact person (relation?)

\_\_\_\_\_  
Emergency phone number

\_\_\_\_\_  
(Type or print name of participant)

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

***T-Shirt Size – Circle One:***    Adult Sizes: S   M   L   XL   XXL

### MEDICAL INFORMATION

Medical information for: \_\_\_\_\_ DOB: \_\_\_\_\_  
(name of participant)

#### Physician Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Medical Insurance Information

Policy Holder: \_\_\_\_\_ Group # / Policy #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Current Medications

#### Drug / Food Allergies

#### Chronic Illnesses or Medical Conditions

(ADD or ADHD, asthma, bleeding disorders, diabetes, epilepsy, heart problems, intestinal problems, seizures, etc.)

#### Comments or Special Instructions