

Cell Phone # _____

Release Form

This is to certify that I, for and in consideration of the First Baptist Church of North Augusta, providing for transportation and sponsoring all trips, do hereby agree to release said church and each of the sponsors, individually claims (exceeding insurance coverages) from any personal injury, physical and mental pain and suffering, mental disorders, property loss or property damage which may occur to myself or my property while on said trip.

Medical Authorization

I further authorize the sponsors to authorize reasonable and necessary medical care for me, including but not limited to any emergency surgical procedure or hospitalization if the same should become necessary wheresoever I may be located.

This permission is given for and in consideration of the First Baptist Church of North Augusta, South Carolina, sponsoring this trip.

Print Name: _____

Date: _____

Address: _____

Phone: _____

Signature: _____

Please complete the following information:

In case of emergency, please contact _____

Phone (day) _____

(night) _____

Hospitalization insurance carrier: _____ Policy Number _____

List known allergies _____

Special medications (Please give instructions) _____

Special treatment _____

Any other problems or diseases _____
