

**HILLCREST BAPTIST CHURCH
RELEASE & MEDICAL CONSENT
(STUDENT)**

The undersigned ("Parent" or "Guardian"), for and in consideration of Hillcrest Baptist Church allowing _____ ("Child") to participate in Hillcrest youth activities agrees to release, hold harmless, defend, and indemnify Hillcrest, its ministers, agents, employees, volunteer workers, and all persons in privity with ("Indemnified Parties"), from and against all liabilities, claims, losses, costs, expenses and damages of any and every kind caused, incurred, suffered by, or asserted against Indemnified Parties arising out of or resulting directly or indirectly from Child's participation in the youth activities.

Parent hereby authorizes Indemnified parties to seek medical care for Child should the need arise during the youth activity.
Child's allergies or special medical needs are as follows:

Allergies or Medical Needs

Executed as of _____, 2011

Parent	Home Number	Work Number	Cell Number
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Parent Signature

Doctor's name and telephone number

In the event that parents cannot be reached, please list names and telephone numbers of responsible persons who may be contacted:

Insurance Company _____

Name of Insured _____

Policy # _____

**RELEASE & MEDICAL CONSENT
(ADULT)**

The undersigned (“Sponsor”), for and in consideration of Hillcrest Baptist Church allowing _____ (“Sponsor”) to participate in Hillcrest youth activities agrees to release, hold harmless, defend, and indemnify Hillcrest, its ministers, agents, employees, volunteer workers, and all persons in privity with it (“Indemnified Parties”), from and against all liabilities, claims, losses, costs, expenses and damages of any and everykind caused, incurred, suffered by, or asserted against Indemnified Parties arising out of or resulting directly or indirectly from Sponsor’s participation in the youth activities.

Sponsor hereby authorizes Indemnified parties to seek medical care for Sponsor should the need arise during the youth activity. Sponsor’s allergies or special medical needs are as follows:

Allergies or Medical Needs

Executed as of _____, 2011

Sponsor	Home Number	Work Number	Cell Number
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Sponsor’s Signature

Doctor’s name and telephone number

In the event that parents cannot be reached, please list names and telephone numbers of responsible persons who may be contacted:

Insurance Company _____

Name of Insured _____

Policy # _____