

**All Star Sports West**  
**June 9<sup>th</sup>**  
**6-9 PM**  
**\$15**

**Student Release Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Emergency#:: \_\_\_\_\_ Grade: \_\_\_\_\_

**\* Please list all Medical Notes (allergies, illnesses, medicines, etc.) on back of form.**

In consideration for being accepted by the Country Acres Baptist Church for participation in this Student activity, I, being 21 years of age or older, do for myself and on behalf of my student-participant, do hereby release, forever discharge and agree to hold harmless Country Acres Baptist Church 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 and the student-participant that occur while said student is participating in the trip or activity.

Furthermore, I, do for myself and on behalf of my student-participant, 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 agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The person herein described has permission to engage in all prescribed activities, except as noted by me. I am entrusting the care of this person to the adults responsible for this activity. I hereby give permission to the physician selected by these adults to order x-rays, routine tests, and treatments for the health of my student, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adults responsible for this activity, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also authorize said physician or any physician or hospital who has previously treated my child, to disclose any information thus acquired, if requested, to the Country Acres Baptist Church insurance carrier.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Periodically, pictures of these events will be taken and used for scrapbooks or other publications. You must give written notice to Country Acres Baptist Church if you do not want your child's picture included.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date