# LIABILITY RELEASE FORM (Student)
## Walton County Baptist Association
### Release of All Claims

In consideration for being accepted by the Walton County Baptist Association (WCBA) for participation in the **Decrease Student Retreat at Laguna Beach Christian Retreat in Panama City Beach, FL** we (I) on behalf of my child-participant do hereby release, forever discharge, and agree to hold harmless the WCBA and the directors, leaders, and members 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 child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) on behalf of our (my) child-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 WCBA to furnish any necessary transportation, food, and lodging for this participant.

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

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our permission to take said participant 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, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

FULL NAME OF STUDENT: _____

**Both parents must sign (unless parents are separated or divorced in which case the custodial parent must sign) or legal guardian must sign.**

**Father**_____ **Date**_____

**Mother**_____**Date**_____

**Legal Guardian**_____**Date**_____

GENERAL MEDICAL INFORMATION (**FORM MUST BE NOTARIZED)**

STUDENT NAME_____ AGE_____

ADDRESS_____

CITY_____STATE_____ZIP_____

HOME PHONE_____ PARENT'S CELL_____

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Male ( ) Female ( ) check box Height_____ Weight_____
Does applicant have any physical limitation that might affect his ability to participate? YES ( ) NO ( )
If Yes, explain _____. Is applicant in general good health? YES ( ) NO ( )
Has applicant been exposed to any contagious diseases in the last 30 days? YES ( ) NO ( )
If so, what?_____
What illness has applicant had in the last six months if any?_____
Is applicant in need of regular medication? YES ( ) NO ( ) If so, what?_____
Is applicant allergic to any medicines or drugs? YES ( ) NO ( ) If so, what?_____
Is applicant allergic to any foods? YES ( ) NO ( ) if so, what?_____
Does applicant have updated tetanus shots? YES ( ) NO ( ) Date? _____
Does applicant have history of joint injuries or weakness? YES ( ) NO ( ) If so, what?_____
Has applicant had his appendix removed? YES ( ) NO ( )
Is applicant subject to any of the following conditions: Asthma, Heart Disease, Hypertension, Epilepsy, Hemophilia or blood disorders, other? YES ( ) NO ( ) Please explain:

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IN CASE OF EMERGENCY CONTACT: NAME_____ (Relationship)_____

ADDRESS_____CITY_____STATE____ ZIP_____

HOME PHONE ( )_____ CELL ( )_____ CELL ( )_____

HOSPITAL INSURANCE YES ( ) NO ( ) NAME OF INSURANCE CO._____

POLICY/GROUP # _____PHONE( )_____

FAMILY PHYSICIAN NAME_____PHONE( )_____

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**I hereby give permission for my son/daughter to receive emergency medical attention from a physician in the event of illness or injury. Effective 01/21/2022 to 01/23/2022.**

**Signature of Parent or Legal Guardian**_____

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20___,

by _____. Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

_____ _____

**Notary Stamp** **Notary Signature**