

MEDICAL RELEASE FORM

We (I) _____ are the parent(s) or legal guardian(s) of _____, and hereby grant our (my) permission for him (her) to participate fully in youth activities associated with the Scenic Hills Church of Christ. 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 the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I), _____ and on behalf of our (my) child-participant, (if under the age of 21 years) _____, hereby assume all risk of personal injury, sickness, and death as a result of participation in recreation and work activities involved therein. Further, we give our (my) permission to the individuals listed below to take said participant to the doctor or hospital and hereby authorize any and all medical or dental attention to be administered to our (my) child in the event of accident, injury, sickness, etc., until such time as we (I) may be contacted.

KYLE S. RYE or SARA E. RYE of 1172 SIGNAL HILL LANE in PENSACOLA, FL
JOHNNY WALDROUP or SUZIE WALDROUP of 5608 TWIN CREEK CIRCLE in PACE, FL

Further, we (I) assume the responsibility of paying any and all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, the undersigned hereby agrees to arrange such transportation.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Scenic Hills Church of Christ. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

Unless sooner revoked by written instrument, this medical release shall expire on May 31, 2009.

Print Name _____

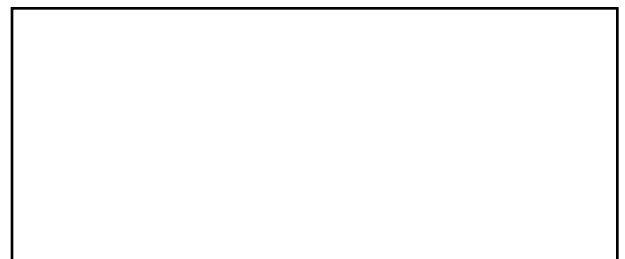
Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Subscribed and sworn before this _____ day of _____, 2008

Notary Public



MEDICAL RELEASE FORM

Name of Child _____ Date of Birth ___/___/___

Parent/Guardian 1:

Relation to Child _____
Home Phone #: (____) _____
Work Phone #: (____) _____
Mobile Phone #: (____) _____

Parent/Guardian 2:

Relation to Child _____
Home Phone #: (____) _____
Work Phone #: (____) _____
Mobile Phone #: (____) _____

Additional Emergency Contacts:

Name: _____
Relation to Child _____
Phone #: (____) _____

Name: _____
Relation to Child _____
Phone #: (____) _____

INSURANCE INFORMATION

Primary Insurance:

Contract #: _____
Group #: _____

Secondary Insurance:

Contract #: _____
Group #: _____

Please provide a copy of insurance card(s) (front and back)

MEDICAL INFORMATION

Please list any known allergies:

Please list any medical conditions of which we should be aware:

