

**Release of Arlington Memorial Baptist Church of Liability for Injuries to
Minor and Agreement that Health Care Insurance of Parent/Guardian Shall
Be Primarily Responsible for Medical Expenses**

I, _____ am the parent/guardian of

_____.

It is my desire that my child/ward participate in the youth activities of
Arlington Memorial Baptist Church.

In the event of an injury to my child/ward, I agree that I/we and my health care
insurer shall be financially responsible for any medical treatment required by my
child/ward as a result of any injury suffered during his/her participation in the
above or related activities.

I am aware that these activities may involve some hazards. I have considered
these risks and I still wish my child/ward to participate. Furthermore, I agree not
to bring legal action against Arlington Memorial Baptist Church or individual
members of its staff as a result of any injuries suffered in the course of his/her
participation.

In the event of a medical emergency where treatment is required, I give my
permission for the church staff or sponsor to obtain the services of certified
emergency medical personnel
and/or a licensed physician. I understand that I will be notified immediately
concerning any such emergency.

Medical Info:

Insurance Company: _____

Policy / Group #: _____

Signature of Parent or Guardian _____

Date: _____

Address: _____

City, State, Zip: _____

Contact #s: _____

