

# MEDICAL/LIABILITY RELEASE FORM

BETHESDA PRESBYTERIAN CHURCH  
502 EAST DEKALB STREET  
CAMDEN, SOUTH CAROLINA

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_

I hereby grant permission for my child to participate in any and all trips, activities and events sponsored by Bethesda Presbyterian Church of Camden, South Carolina that he/she attends. I acknowledge that there are risks associated with participation in the above stated including, but not limited to, personal and bodily injury. I hereby release and agree to hold harmless Bethesda Presbyterian Church and it's agents of whatever kind from any and all claims, demands of damages, causes of action, or suits now or in the future arising out of or connected with my child's participation in any and all trips, activities and events sponsored by Bethesda Presbyterian Church of Camden, South Carolina.

I also grant permission to the physician selected by the program Director or to supervising adults to secure medical treatment in case of an emergency in the event I cannot be reached.

Signature of Parent/Guardian \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY INFORMATION

Name of close friend or relative \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_

List any allergies, medical conditions and current medication being taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_