

2022 Annual Medical/Liability Release

LAKELAND BAPTIST CHURCH

397 S. Stemmons Freeway

Lewisville, TX 75067

(o): 972-436-4561 (f): 972-420-8769

Name of child: _____ Birth date: _____

Name of Parent(s) or guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____

Parents Please Initial one of the following:

_____ This form may be **used for all** events from January 1, 2022 - Dec 31, 2022

_____ This form may be **used only** for the following event: _____

The parent(s) or guardian(s) authorizes minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Lakeland Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating 2022 events. The parent(s) or guardian(s) understand that the provider will make every effort to contact them and/or their designated emergencies contacts. The parent(s) or guardian(s) understand that they are responsible for the payment of medical expenses.

Medical treatment costs are covered by:

Insurance company: _____ Phone #: _____

Policy #: _____ Family Physician: _____

Please list any medical conditions, allergies or special diet needs:

Signature of Parent/Guardian

Date