

**Mt. Yonah Baptist Church**  
**Liability Release & Medical Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Emergency Contact (other than primary parent): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical History**

If necessary, attach (in writing) the nature and severity of any physical / psychological ailment, illness, weakness, limitation, handicap, disability or condition that your child is subject to and that the staff/ volunteers should be aware of.

**Does your child have any food allergies? Yes / No**

If **YES**, please list them: \_\_\_\_\_

Does your child have any other allergies we need to know of? Yes / No

If **YES**, please list them: \_\_\_\_\_

Should your child's activities be restricted or limited for any reason? Yes / No

If **YES**, please describe the limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rules of Conduct for all Students:**

- Show respect for everyone in word and action.
- No bullying or putting others down.
- Show respect for all facilities of the church or facilities of any particular event.
- No foul/perverse language.
- No drugs, alcohol, tobacco, or vape use.
- No weapons.
- No Public display of affection at any church function.
- No offensive or immodest clothing.

Any student who fails to comply with these rules of conduct may be sent home at their parent/guardian's expense.

I, the student, have read the rules of conduct, and understand the expectations. I agree to abide by the rules of conduct and follow the instructions given by the staff and volunteers.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ has my permission to attend all Student related activities held at or sponsored by Mt Yonah Baptist Church. This consent gives permission to seek whatever medical attention is deemed necessary, and releases Mt Yonah Baptist Church, (staff and volunteers) of any liability against personal losses of the above-named child.

I have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Mt. Yonah Baptist Church. I understand there are inherent risks involved in any ministry or athletic event, and I hereby release Mt. Yonah Baptist Church, its pastors, staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician, and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I acknowledge that we will be ultimately responsible for any cost of the medical care should the cost of medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provide on this form is accurate at this date and will to the best of my knowledge, still be in force for the student named. I agree to bring my child home at my own expense should they become ill or is deemed necessary by the the church personnel.

**Parent / Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_