

LIABILITY RELEASE FORM

In consideration for being accepted by Eastside Baptist Church, Marianna, Florida, for any and all planned activities and trips, we (I), being 18 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant if said child is not 18 years of age or older] do hereby release, forever discharge and agree to hold harmless Eastside Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in a trip or activity.

Furthermore, we (I) [and on behalf of our (my) child participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree 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.

This document remains in effect until written retraction is made; a duplicate copy will be considered as valid as the original.

(if participant has not attained the age of 18 years)

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby give (our/my) permission to take said trip or activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Insurance Information

I understand that my insurance is primary in any and all claims, and Eastside Baptist Church becomes secondary.

Name of insurance company participant covered by: _____

Policy Number: _____

Physician's Name: _____ Phone: _____

I hereby give my permission for my son/daughter/self (if over 18 years of age) to receive emergency medical treatment from a physician in the event of illness or injury.

_____ Date

_____ Signature of parent or legal guardian
(or applicant if over 18 years of age)

-Sign in the presence of a Notary Public-

SUMMER ENRICHMENT PROGRAM

June 2nd thru August 8th
6:30 am to 5:30 pm

\$85.00 per child weekly
\$25.00 Registration Fee for 1st child
\$20.00 Registration Fee each additional child

Registration Form



4785 Highway 90
Marianna, FL
(850) 526-2004

CHILD INFORMATION

(Fill out a registration form for each child you are enrolling)

Name _____

Address _____

City _____ Zip _____

Birthday _____ Grade Completed _____

Can the student swim unassisted? Yes No

Dad's Place of Employment _____

Phone _____ Ext _____

Mom's Place of Employment _____

Phone _____ Ext _____

T-Shirt size Child- S M L XL Adult- S M L XL

Are there any restrictions on physical activity? Yes No

If yes, please explain:

Please circle all weeks attending:

- June 2 – 68 July 7 – 11
- June 9 – 13 July 14 – 18
- June 16 – 20 July 21 – 25
- June 23 – 27 July 38 – August 1
- June 30 – July 3 August 4 – 8

Please list all people authorized to pick up your child

Special Notes:

MEDICAL RELEASE FORM

Name _____ Age _____

Mother's Name _____ Father's Name _____

Emergency Phone Numbers _____

Has participant had any illness in the last six months? Yes No
If yes, please describe: _____

Is participant in need of regular medication? Yes No
If yes, what? _____

Is participant allergic to any foods? Yes No
If yes, what? _____

When was the last time the participant had a tetanus shot? Date _____

Has participants appendix been removed? Yes No

Does participant have a history of ankle or knee problems? Yes No

Is participant subject to:
Rheumatic fever? ___ Hypertension? ___ Diabetes? ___ Epilepsy? ___
Heart Disease? ___ Asthma? ___ Other? _____



STATE OF FLORIDA The foregoing instrument was acknowledged before me
This _____ day of _____, 2007
By _____
(Name of person acknowledging)

COUNTY OF _____ Who is personally known to me or who has produced

(Type of identification)

As identification and who did (did not) take an oath.

Notary Public,
(Signature)

Commission No. _____

(Name of Notary typed, printed, or stamped)

(SEAL ABOVE)