

MEDICAL RELEASE FORM

I, _____, am the parent or legal guardian of _____ . I hereby release, forever discharge and agree to hold harmless Wayne County Bible Quizzing and the directors thereof and _____(coach) from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the above mentioned youth that occurs while participating in or traveling to or from the following event:

Wayne County Bible Quiz Tournament, March 26-28, 2010

Furthermore, I (on behalf of my youth) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these events.

I hereby grant my permission for any and all medical attention to be administered to the above named youth, in the event of accident, injury, sickness, etc., under the direction of _____(coach). It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of the above named to give specific consent to the diagnosis, treatment, or hospital care which is in the best judgment of a licensed physician, and is deemed advisable. I also assume the responsibility for the payment of any such treatment.

I further understand that in the case of an emergency, every effort will be made to contact me.

Signature of Parent or legal Guardian

DATE

Signature of second Parent or legal Guardian (optional)

DATE

Parent's Address

Parent's Daytime phone

Parent's Evening Phone

Parent's Cell Phone

Medical Insurance Company

Policy Number

Policy Holder's SS#

Family Doctor

Office Phone #