Brazos Meadows Baptist Church REGISTRATION AND RELEASE FORM

PARTICIPANT	PARENT/GUARDIAN
ADDRESS/ CITY/ ZIP	
DAY PHONE /EVENING PHONE	

ACTIVITY _____

FEE (if applicable)

It is understood and agreed that the undersigned, his heirs, executors, administrators and assigns do hereby release Brazos Meadows Baptist Church, its officers, agents and employees from any and all actions, claims, demands, suits, causes of action, or judgments which I ever had. now have, or may claim to have against Brazos Meadows Baptist Church, its officers, agents, or employees arising out of or in any way connected with participation in Brazos Meadows Baptist Church, sponsored or co-sponsored activities including but not limited to any game, practice, exercise, workout or special activity, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the

acts, or omissions, or negligence

of Brazos Meadows Baptist Church, its officers, agents, and employees.

I further agree to hold harmless Brazos Meadows Baptist Church, its officers, agents and employees from all claims, demands, suits, causes of action, or judgments which the participant ever had, now has, or may have in the future or which the participant's heirs, executors, administrators or assigns may have, or claim to have against Brazos Meadows Baptist Church, its officers, agents and employees arising out of or in any way connected with participation in Brazos Meadows Baptist Church sponsored or co-sponsored activities or while traveling to or from any place at which such activities will be conducted, for all personal injuries, known or unknown, or property damages caused by the

acts, omissions, or negligence

of Brazos Meadows Baptist Church, its officers, agents, and employees and on Brazos Meadows Baptist Church's behalf and in Brazos Meadows name, defend at my own expense any such claims, demands, suits, causes of action or judgments described above.

I also agree to be responsible for any property damage or personal injuries that the participant may cause by his/her intentional and negligent acts while participating in Brazos Meadows Baptist Church sponsored or co-sponsored activities including but not limited to any game, practice, exercise, workout or special activity .I have read and signed this document with full knowledge of its significance.

Date

Signature of Parent/Guardian

Name Printed

Brazos Meadows Baptist Church MEDICAL HISTORY & CONSENT TO MEDICAL TREATMENT

PARTICIPANT	PARENT/GUARDIAN			
ADDRESS/ CITY/ ZIP				
DAY PHONE /EVENING PHONE				
ACTIVITY		FEE (if applicable)		
Insurance Company		Policy Number	<u>. </u>	Phone Number
Date of participant's last tetanus immun	nization _			
Other immunizations current?	Yes	No		
List participant's allergies to medication	18			
List any other allergies participant has				
List any chronic medical conditions the	e participar	nt has (for example,	asthma, diabete	s, hemophilia)
List all medications participant currently	y takes			
******	*****	*****	****	
The undersigned consents to give Braze permission to seek medical treatment fo for any reason, during any Brazos Meac	or any pers	sonal injury or illnes	ss which the par	ticipant may suffer,
Date	Signatur	e of Parent/Guardia	ın	