

FELTON BIBLE CHURCH

Location: 5999 Graham Hill Rd. at Zayante Rd.

Mail: PO Box E-1 Felton, CA 95018

Phone: 831.335.3418 Fax: 831.335.3410

THIS LIABILITY AND MEDICAL RELEASE
COVERS ANY AND ALL ACTIVITIES, ON OR
OFF CAMPUS, SPONSORED BY OR ASSO-
CIATED WITH FELTON BIBLE CHURCH.

PARTICIPANT NAME: _____ DATE OF BIRTH _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ ALTERNATE PHONE: () _____ EMAIL: _____

GUARDIAN NAME (IF PARTICIPANT IS A MINOR): _____

PHONE: () _____ EMAIL: _____

LOCAL CONTACT IN THE EVENT OF AN EMERGENCY:

NAME: _____ PHONE: () _____

MEDICAL INSURANCE CARRIER: _____

POLICY AND/OR GROUP# _____

MEDICATIONS, CONDITIONS, ALLERGIES: _____

CONSENT FOR TREATMENT AND RELEASE OF LIABILITY: IN CASE OF EMERGENCY, I HEREBY AGREE TO THE PERFORMANCE OF SUCH TREATMENT, INCLUDING ANESTHESIA AND SURGERY, AS THE ATTENDING DOCTOR OR PHYSICIAN MAY DEEM NECESSARY. I ALSO ACCEPT FULL RESPONSIBILITY FOR EXPENSES RELATED TO MEDICAL CARE. FURTHERMORE, I DO HEREBY RELEASE FELTON BIBLE CHURCH, ITS AGENTS AND VOLUNTEERS FROM ANY LIABILITY WHATSOEVER ARISING OUT OF ANY INJURY, DAMAGE, OR LOSS, WHICH MAY BE SUSTAINED DURING THE COURSE OF INVOLVEMENT WITH FELTON BIBLE CHURCH.

PARTICIPANT SIGNATURE: _____

DATE: ____/____/____

GUARDIAN SIGNATURE (IF PARTICIPANT IS A MINOR): _____

DATE: ____/____/____