

# OVERFLOW MEDICAL RELEASE FORM

Once accepted into the program, this form **MUST** be completed and notarized to be valid. A separate form must be completed for **EACH** participating child.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency/Contact Person OTHER than parent:

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Medications (dosage/schedule): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Special health problems or concerns: \_\_\_\_\_

\_\_\_\_\_

Name of Insurance company \_\_\_\_\_

Policy# \_\_\_\_\_ Name of policy holder \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ (child's name) to be treated by authorized, licensed, medical personnel as a result of an accident or medical emergency while involved in the activities of OVERFLOW.

Signed By \_\_\_\_\_ Relation to Child \_\_\_\_\_

RELEASE AND WAIVER

In consideration for being permitted to participate in OVERFLOW, including but not limited to use of facilities and/or equipment, the undersigned, for himself or herself and minor and/or dependent hereby acknowledges, agrees and represents that he or she understands that accidents can occur. Therefore, THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE FRIDAY NITE FRIENDS, its trustees, directors, officers, employees, volunteers and agents (hereinafter referred to as "Released Parties") from all liability to the undersigned for any loss or damage, and any claim or demands on account of injury or death to the person participating in the respite program, whether caused by the negligence of the Released Parties or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein. THE UNDERSIGNED HEREBY AGREES TO HOLD HARMLESS the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to an injury or accident. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of Released Parties or otherwise while in, about, or upon the premises of Custer Road United Methodist Church and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Friday NITE Friends. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE AND WAIVER AGREEMENT is intended to be as broad and inclusive as is permitted under the law and that if any portion herein is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made. I HAVE READ, UNDERSTAND AND AGREE TO THIS REGISTRATION AND RELEASE AND WAIVER.

Signed: \_\_\_\_\_ Relation to minor: \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ (Name)

Known to me to be the person whose name is subscribed above, and acknowledged to me that s/he exacted the name for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ .  
Month Year

(seal)

STATE OF TEXAS \_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County, Texas  
My commission expires: \_\_\_\_\_