



**MEDICAL RELEASE FORM AND LIABILITY WAIVER**

I, \_\_\_\_\_, (parent/legal guardian), give my permission for \_\_\_\_\_, (minor's name) to participate in **THE BACKPACKING TRIP to Blossom Lakes, Idaho, August 6<sup>th</sup>-8<sup>th</sup>, 2010.**

The undersigned parent or legal guardian acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur.

In regards to being a participant in the above mentioned ACTIVITY, I, for myself and my aforementioned child, hereby release, forever discharge and agree to hold harmless Coeur d'Alene Bible Church, Inc. and its officers, directors, employees and volunteers 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 suffered by the undersigned or the aforementioned child while the same is participating in the above described ACTIVITY. This Waiver of Liability shall bind heirs, executors, administrators, assigns, of the undersigned and the aforementioned child, as well as any and all other person(s) having control over the affairs of said minor person.

I do hereby give my permission for Kootenai Medical Center or other licensed hospital or licensed medical care provider to make any necessary medical decisions regarding emergency treatment for the aforementioned child. I do understand that if an emergency should occur every effort will be made to contact me as soon as possible; however, I agree that emergency treatment may be rendered if necessary without first notifying me. In such a case, I agree to hold harmless any physician, hospital or other medical center for rendering such services if they are necessary and I am not there to give my consent.

My signature below confirms that I have read, understand, and do agree to the above terms.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

List of allergies and current medications, if any: \_\_\_\_\_

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)