

# GENERAL RELEASE & AUTHORIZATION FORM



EAGLE EYRIE CONFERENCE CENTER • LYNCHBURG, VA • JULY 23-28, 2007

(PLEASE TYPE OR PRINT CLEARLY)

\*\*\*IMPORTANT: 3 COPIES PER PERSON ARE NEEDED. DUPLICATE BEFORE ARRIVING AT EAGLE ERYIE

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_  
(if under 21 years of age)

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

In Emergency notify: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ . \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Insurance Info: \_\_\_\_\_

## General Release

I acknowledge and understand the release and responsibility issues related with MC2 (Missions Connection Celebration), July 23-28, 2007. Furthermore, I acknowledge that participants at MC2 (Missions Connection Celebration) may be engaging in the following activities: hiking, sports, swimming, yard work, and construction (painting, hammering, sawing, etc.).

Initial here: Parent \_\_\_\_\_ Participant \_\_\_\_\_

## Authorization for Treatment

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for an attending physician or hospital staff to administer medical care if deemed necessary by MC2 (Missions Connection Celebration) and the physician or hospital staff during MC2 (Missions Connection Celebration).

Initial here: Parent \_\_\_\_\_ Participant \_\_\_\_\_

## Release of Claims and Liability

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do hereby release from all claims and forever hold harmless the directors, employees, and agents of MC2 (Missions Connection Celebration) and the Virginia Baptist Mission Board from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself or my child.

Initial here: Parent \_\_\_\_\_ Participant \_\_\_\_\_

## Release of Likeness

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, give permission for pictures and videos to be taken and used for promotion of MC2 (Missions Connection Celebration).

Initial here: Parent \_\_\_\_\_ Participant \_\_\_\_\_

## Assumption of Responsibilities

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do also assume personal responsibility for all medical bills in excess of the applicable medical insurance plan provided by MC2 (Missions Connection Celebration). A copy of this policy is available from the MC2 (Missions Connection Celebration) office. Furthermore, I assume all costs for damages incurred by my child due to his or her negligence of rules and restrictions placed on them by MC2 (Missions Connection Celebration). And should it be necessary for my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Initial here: Parent \_\_\_\_\_ Participant \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(if participant is under 21 years of age)

**Forms are not valid without proper initials and signatures in all areas.**

