THE BRIDGE BIBLE FELLOWSHIP
MEDICAL CONSENT AND RELEASE FROM LIABILITY

I, _____, hereby acknowledge that it is my desire to participate in church-sponsored activities with The Bridge Bible Fellowship, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION

As lawful consideration for permitting me to participate in such activities, including transportation to and from such activities, I hereby release and discharge THE BRIDGE BIBLE FELLOWSHIP, it's officers, employees, agents and members of the Board of Elders from all actions, claims or demands I, and my heirs, distributees, guardians, legal representatives or assigns of either of us now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Elders, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Medical Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of The Bridge Bible Fellowship.

Executed this _____ day of _____, 20_____, at _____, California.

_____

Signature

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Signature

The Bridge Bible Fellowship

REGISTRATION AND MEDICAL CONSENT FORM – ADULT

Name: _____ Phone: _____

Address: _____ City and State: _____ Zip: _____

Dates of Activity: _____ Birthdate: _____ Sex: _____

EMERGENCY NOTIFICATION

Name: _____

Home Phone: _____

Work Phone: _____

ALTERNATE CONTACT

Name: _____

Home Phone: _____

Work Phone: _____

HEALTH Information

Health Insurance Carrier _____ Policy Number _____

____ Allergies
____ Drugs
____ Asthma
____ Hay Fever
____ Insect Stings

____ Diabetes
____ Cardiac
____ Chronic Asthma
____ Nervous Disorder
____ Epilepsy

____ Emotional Handicap
____ Mental Handicap
____ Seizure Disorder
____ Physical Handicap
____ Other
_____Date of last Tetanus shot

If you have checked any of the above, please give details _____

Activity Restriction: _____

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by The Bridge Bible Fellowship to secure medical and dental aid as required for illness or injury under a physician's orders including transportation to and from the necessary facilities. *(Attach an additional sheet of paper for any explanations.)*

_____ _____

Signature Date

The Bridge Bible Fellowship

REGISTRATION AND MEDICAL CONSENT FORM – ADULT

Name: _____ Phone: _____

Address: _____ City and State: _____ Zip: _____

Dates of Activity: _____ Birthdate: _____ Sex: _____

EMERGENCY NOTIFICATION

Name: _____

Home Phone: _____

Work Phone: _____

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Name: _____

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_____ _____

Signature Date