

**EMERGENCY MEDICAL FORM/LIABILITY RELEASE FORM
BASECAMP 2019**

Participant's Name _____ Date of Birth _____ Age _____
Address _____ Zip Code _____
Parent's Name _____ Home Phone _____
Place of Employment _____ Work Phone _____
Another Emergency Contact: Name _____
Relationship _____ Home Phone _____ Work Phone _____
Family Doctor _____ Phone _____
Insurance Co. _____
Policy Holder's Name _____
Group ID# _____ Individual ID# _____
List all current medications _____
List any condition of which we should be aware _____
List all allergies _____

PARENT'S AGREEMENT

As parent or legal guardian of _____, I hereby authorize any necessary medical and/or surgical care, including diagnosis and treatment, to be rendered to him/her by any licensed physician or surgeon, or by any licensed medical personnel, or by any licensed hospital, when authorized by Taylor Higgason, Kristina Warren or Kristin Pratt, the adult leaders of BaseCamp 2019, and the Youth Ministries of Asbury UMC. As his/her parent, we assume full financial responsibility for such care, including prescribed medications and transportation by ambulance and agree to make full payment for same upon receipt of statement of fees.

We do hereby, for a good and valuable consideration, agree to indemnify and hold harmless the Asbury UMC, the University of Southern Mississippi and all sites affiliated with BASECAMP 2019, their employees and Youth Ministry Programs, leaders, chaperones, and sponsors from any and all actions, claims, demands, suits, or other liabilities which may result from the above-named minor's participation in this event.

My child has permission to participate in the events described above. This agreement shall be valid for all activities concerning BASECAMP 2019.

Parent's Signature _____ Date _____, 2019
State _____ County _____

This day personally appeared before me, the undersigned authority in and for the above named county and the state, the above named, who acknowledged that he/she signed, sealed and delivered that above and foregoing EMERGENCY MEDICAL/LIABILITY RELEASE FORM as his/her act and deed on the day and date therein mentioned for the purposes therein expressed. Given under my hand and official seal on this _____ day of _____, 2019.

Notary Public _____

My commission expires on: _____

(SEAL)