

Medical Release Risk and Release Form

Name of Participant(s): _____

Parent/Legal Guardian Name: _____

Address: _____

Phone #s: Home (_____) _____ - _____

Cell (_____) _____ - _____

Children's Names: (List all Known Medical conditions, including food allergies and/or drug allergies. In addition, include any and all over-the counter and/or prescription drugs taken regularly)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of emergency contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____
(_____) _____ - _____

Physician's Name: _____

Phone # (_____) _____ - _____

Primary Insurance Company: _____

Phone #: (_____) _____ - _____

Policy Holder's Name: _____

ID #: _____ Group Policy # _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I _____, hereby grant permission for any and all medical attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Dated: _____

Participant Agreement *(to be completed by participant or by parents or guardians if participant is a minor)*

Liability Waiver:

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend and hold harmless Disaster Response Fellowship (Trip Sponsor) and its agents, volunteers or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

Behavior Agreement:

Disaster Response Fellowship is a Christian organization and expects our volunteers to behave in an appropriate manor. From time to time, the Board Members have had to get involved with individual volunteers to correct behavior outside of our conduct guidelines. In the past, those efforts tended to be discrete and effective. However, DRF reserves the right to send a volunteer back home, at their expense if the situation warrants.

Signature: _____ **Date:** _____
Participant or parent/guardian if participant is a minor