

MEDICAL & LIABILITY RELEASE FORM

(Please Print Clearly)

Medical Section

If a medical emergency should arise regarding me/or my child, I, _____, hereby give permission to a qualified medical physician and/or hospital to provide the appropriate care and to administer any emergency medical treatment, which may be required for me/or, my child _____. I also hereby give such medical personnel and/or hospital my permission to any necessary examination, anesthesia, medical diagnosis, or treatment and/or hospital care to me/or my child.

I understand Asociación Comunidad Cristiana El Faro and any representatives or missionaries cannot assume responsibility for medical expenses for me/or my child and I agree to bear such responsibility and pay any such expenses incurred with respect to such medical emergency.

Participant's Physician: _____ Phone #: (____) ____ - _____
Allergies and Medications: _____

Health Insurance Company: _____ Policy #: _____
Contact Person: _____ Phone #: (____) ____ - _____

Signature of Participant: _____ Date: _____

Signature of Parent of Minor: _____ Date: _____

Liability Section

The undersigned releases and agrees to hold harmless Asociación Comunidad Cristiana El Faro and any representatives or missionaries from any claim/or liability, injury, death, damages, loss accidents, delay, or irregularity related to the undersigned individual's participation or involvement during the short-term mission trip.

This release covers all rights and causes of action of every kind, nature, and description which the undersigned ever had, now has, or but for this release, may have. This release shall be binding upon the undersigned, their spouse, their heirs, legal representatives, and assigns.

Signature of Participant: _____ Date: _____

Signature of Parent of Minor: _____ Date: _____

Notarization of Medical and Liability Release Form:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public

County

State of _____

My Commission Expires: _____