

# BreakOut Medical Release Form

## Release of Arlington Memorial Baptist Church and the Akron Area Youth Workers Network of Liability for Injuries to Minor and Agreement that Health Care Insurance of Parent/Guardian Shall Be Primarily Responsible for Medical Expenses

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_.

It is my desire that my child/ward participate in the youth activities of Arlington Memorial Baptist Church and the Akron Area Youth Workers Network.

In the event of an injury to my child/ward, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury suffered during his/her participation in the above or related activities.

I am aware that these activities may involve some hazards. I have considered these risks and I still wish my child/ward to participate. Furthermore, I agree not to bring legal action against Arlington Memorial Baptist Church, the Akron Area Youth Workers Network, or individual members of these organizations as a result of any injuries suffered in the course of his/her participation.

In the event of a medical emergency where treatment is required, I give my permission for the church staff or sponsor to obtain the services of certified emergency medical personnel and/or a licensed physician. I understand that I will be notified immediately concerning any such emergency. Please list any **allergies, current medications** and any other pertinent medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_