



323 S. Knoblock
Stillwater, OK 74074
Student Activities

Medical and Liability Release Form

Student Name _____ Sex _____ DOB _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Names of Parent(s) / Guardian(s) of student:

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Description of Student Activities

University Heights Baptist Church (UHBC) plans various activities for its children, middle school, junior high, and high school students (Student Activities). Student Activities planned by UHBC include: Wednesday Nights; Sunday Morning Bible Study (SS). Other activities included but no limited to: Disciple Now weekend; movie nights; picnics, retreats, mission trips, camps, mall trips, and other various activities. Student Activities also include other activities planned by UHBC involving the students of UHBC and their friends and guests as announced from time-to-time by UHBC. Some or all of these may include transportation to and from the site of the activity.

AGREEMENT OF STUDENT and PARENT / GUARDIANS

In consideration of UHBC permitting the above named Student to participate in the UHBC Student Activities, the undersigned agree to the acknowledgements, authorizations, releases, and agreements set forth on the reverse side of the Agreement. In entering into this agreement, the undersigned acknowledge that some of the Student Activities may involve hazardous activities that may have inherent risks that could result in injuries or death. The above-named Student has voluntarily chosen to participate in the student Activities despite these associated risks, and the undersigned have voluntarily agreed to allow the Student to participate in the Student Activities despite such risks.

The undersigned, for themselves, their assigns, representatives, heirs, executors, and administrators hereby:

- (1) Authorize and grant to the UHBC authority, in the event that, after a reasonable effort, UHBC is unable to reach the undersigned or any of them, to seek medical care for the Student, including, but not limited to, such medical and surgical treatment or procedures as the treating physician chosen by appropriate UHBC personnel may, in such physician's sole determination deem necessary or advisable.

The undersigned further authorize and grant UHBC and the appropriate personnel to transport the student at their discretion to such medical facilities as they may deem necessary or advisable. The undersigned certify that the Student's medical information set forth on the Student Activities-Medical Information Sheet is complete and accurate. Each of the undersigned further certifies that he or she has adequate insurance to cover any injury or illness suffered by the Student during the Student Activities or agrees to bear all costs related to such injury or illness including all medical and surgical costs incurred by UHBC for the Student upon the advice of the treating physicians;

(2) **RELEASE, WAIVE, DISCHARGE, AND INDEMNIFY UHBC, ITS MINISTERS, OFFICERS, EMPLOYEES, MEMBERS, AND AUTHORIZED VOLUNTEERS FROM ANY AND ALL LIABILITY, LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS FOR THE SAME ON ACCOUNT OF INJURY OR DEATH TO THE STUDENT OR DAMAGE TO THE UNDERSIGNED'S PROPERTY ARISING OUT OF OR RELATED TO THE STUDENT'S ATTENDANCE OR PARTICIPATION IN THE STUDENT ACTIVITIES.** (including, without limitation, the Student's use of transportation whether provided directly or indirectly by UHBC or any Releases to and from any Student Activities);

(3) Acknowledge and understand that, in the event of the Student's improper conduct or lack of cooperation with the UHBC personnel in charge of the Student Activity, as determined in the UHBC personnel's sole discretion, that after a reasonable effort to contact the undersigned parent/guardian, **UHBC may transport the Student Home** at the expense of the undersigned and that the undersigned hereby expressly promise to pay directly to the transporter or reimburse UHBC; and

(4) Understand and agree that nothing in the Agreement is intended to constitute a release or otherwise affect the rights of the undersigned against any third party independent from UHBC and the Releases.
Each of the undersigned is signing this document on his or her behalf and, in case of the parents signing below, on behalf of the Student, and each agree to be specifically bound to all terms and conditions of this Agreement. Each of the undersigned has read this agreement and fully understand that he or she is giving up substantial rights by signing it, is aware of its legal consequences, has signed this document freely and voluntarily and knowingly accepts all the terms and conditions as set forth above.

EACH OF THE UNDERSIGNED FURTHER ACKNOWLEDGES AND UNDERSTAND THAT HIS OR HER SIGNATURE BELOW CONSTITUTES A RELEASE OF LIABILITY OF UHBC AND THE RELEASES.

Student Signature _____ Printed Name _____

Date _____

Parent/Guardian Signature _____

Printed Name _____ Date _____

Relationship to Student _____

UNIVERSITY HEIGHTS BAPTIST CHURCH

Student Activities Medical Information Sheet

Name of Student _____

IN CASE OF EMERGENCY

Father/Guardian _____

Work Phone # _____ Cell # _____

Home Phone _____ e-mail _____

Mother/Guardian _____

Work Phone # _____ Cell # _____

Home Phone _____ e-mail _____

HOSPITALIZATION INSURANCE (option is to provide copy of insurance card with information)

Medical Insurance Company _____

Name of Insured _____

Policy or Group # _____ Certificate # _____

Insurance Company Address _____

Insurance Company Phone # _____

FAMILY PHYSICIAN _____

Phone # _____ Address _____

Medical conditions (asthma, diabetes, epilepsy, muscular dystrophy, cerebral palsy, etc.) _____

ALLERGIES (please be specific)

Medication(s) _____

Food (nuts, dairy, gluten, etc.) _____

Insect/bugs _____

Other _____

PRESCRIBED MEDICATIONS: (please list all that are taken routinely)

---Medication(s) _____ Purpose _____

Dosage _____ How often _____

---Medication(s) _____ Purpose _____

Dosage _____ How often _____

The undersigned certifies that the student's medical information set forth above on the Student Activities-Medical Information Sheet is complete and accurate.

_____ Date

_____ signature Parent / Guardian

_____ Printed Name of Parent / Guardian

_____ Relationship to Student