

PARENTAL PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE

RE: Rock the Desert in Midland/Odessa, TX

Name: _____ Date of Birth _____

Social Security Number: _____

Address: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above youth (the "Youth"), hereby consents to the participation by the Youth in a trip to Rock the Desert in Midland/Odessa TX conducted by First Baptist Church of Alpine, Texas, and to the participation of the Youth in all events relating to Rock the Desert August 6 & 7, 2010.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of First Baptist Church Alpine to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the youth. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, First Baptist Church shall not have the authority to withhold or withdraw life-sustaining procedures for the Youth.

The undersigned assume(s) all risk of injury or harm to the Youth associated with participation in the Activity and agree(s) to release, indemnify, defend and forever discharge the First Baptist Church Alpine and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Youth or by the Youth, howsoever caused, arising or to arise by reason of or during the Youth's participation in the Activity.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signed on _____ (date), at _____ (city), _____ (state).

Signature of Parent/Guardian

Signature of Parent/Guardian

Additional Information

Youth's Name:
Youth's Nickname:
Youth's Age:

Parent(s) and Other Contacts

Mother's Name:	
Father's Name:	
Address of Parent(s):	
Home#	Other Phone #
Mother's Cell #	Father's Cell #
Mother's Work #	Father's Work #

Second Contact Name:	
Relationship:	Phone Number:

Third Contact Name:	
Relationship:	Phone Number:

Medical/Health/Insurance Care Information

Youth's Doctor Name:	
Address:	
Office Telephone:	After Hours Number:

Health Insurance Company:
Group or Policy Number:
Telephone Number:

Medications:
Allergies:
Immunizations:
Special Conditions:

Please include a copy of your insurance card.