

# Passion Conference December 28-30, 2022

## Medical Release Form

### Seniors Only

Name: \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Name (s):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name of person to notify (if a parent cannot be reached):** \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Family Physicians Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name of Primary Insurance Policy:** \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Other Pertinent Medical Information:** \_\_\_\_\_

\_\_\_\_\_

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**I agree to permit \_\_\_\_\_ to attend the Passion Conference on December 28-30, 2022, in Fort Worth, Texas with the First Woodway Student Ministry. The trip sponsors have my permission to seek any medical treatment for my child.**

**Medical Release/Authorization:** I hereby give authority to one of the trip sponsors to secure any necessary medical treatment in the event of an emergency due to sickness or accident while on this outing. I understand that our family physician will be contacted, if possible, but if he cannot be reached, the counselor in charge may choose a reputable physician. We assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify, and hold harmless the First Woodway Baptist Church, the organizers, the sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named youth rising out of the trip. In case of injury, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date