



MEDICAL RELEASE FORM

Release Statement:

In the event of a medical emergency in which I am unable to consent to care, I give my permission to receive appropriate medical attention as deemed necessary by First Baptist Church of Chesterfield employees, volunteers, and all related to the church. In the event of an unforeseen emergency or any accidents, I release First Baptist Church of Chesterfield, its employees and volunteers, and all those related to it, from any liability in the evidence of any injury during this activity. I have provided emergency contact numbers and am assured that they will be contacted as soon as possible in the event that there is an emergency.

Print Name _____ Date _____

Signature _____ Date _____

Emergency Contact _____ Phone Number _____

Emergency Contact _____ Phone Number _____

First Baptist Church of Chesterfield

June 6, 2017