



440 Frederick St. Santa Cruz, CA 95062
Phone (831) 429-1162 FAX (831) 429-9575

ADULT LIABILITY & MEDICAL RELEASE

NAME: _____

ADDRESS: _____ MALE FEMALE

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: () _____ **WORK or CELL PHONE:** () _____

Local Person to contact in the event of an emergency:

Name: _____ **PHONE:** () _____

HEALTH HISTORY:

Allergies: _____

Medications Currently Taking: _____

Please explain any condition we should be aware of: _____

HEALTH INSURANCE:

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in any church sponsored activity on or off campus.

Medical Insurance Company Name: _____ Phone #: _____

Policy # _____ Plan: _____

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. It is your intention to exempt and relieve SCBC and it's employees or volunteers from liability for personal injury, property damage or wrongful death caused by any act of negligence on the part of SCBC and it's employees or volunteers. This includes all risks and hazards inherent in any and all church-related social and sport activities including transportation to and from off campus activities. You acknowledge there may be potential health hazards inherent in some activities and that you participate at your own risk. You will assume full responsibility for your participation in SCBC activities and understand that you are responsible for applying any and all instruction and rules given to you for any activity or activity incidental thereto some of which may involve danger and risk of bodily injury.

MEDICAL RELEASE

I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release S.C.B.C. from any medical liability for my participation in any and all events sponsored by the church. In the event of an emergency in which I am in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts has been made to contact next of kin or emergency person listed above and no one can be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person representing S.C.B.C.

You understand that this form and your signature is for medical and liability release.

DATE: _____ **SIGNATURE:** _____

Please print your name: _____

**The above Liability and Medical Release covers any and all activities ,
on or off campus, sponsored by or associated with SCBC from
September 1, 2006 until September 1, 2008 .**