

Miller's Evangelistic Association, Inc.

Activity Medical Release Form

Participant's Name: _____
(Last) (First) (Middle I.)

Name of Parent(s) or Guardian(s) child is living with: ___ Miss. ___ Mrs. ___ Mr. ___ Dr. ___ Pastor

Mother's Name _____ Father's Name _____

Address: Street _____ Home Phone (____) ____ - _____

City _____ State _____ Zip _____ Emergency # (____) ____ - _____

Date of Birth ____/____/____ Age _____ Sex ___M___F Year of last Tetanus 19____

Allergies: _____

Please list any other concerns our staff should be aware of: _____

Location & date of activity: _____

Name of Insured _____

Name of Employer _____ Group# _____

Name of Insurance Co. _____ Policy# _____

City _____ State _____ Zip _____

Liability & Medical Release: I agree that in consideration of this organization allowing me and/or my child and/or my legal ward participation in its activities, under the terms set forth herein, I, for myself and/or on the behalf of my child and/or my legal ward, do agree to hold harmless, release, and discharge Miller's Evangelistic Association, Inc. (MEA), its board, workers, members and any others acting on the behalf of MEA, of and from all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to MEA's ordinary negligence; and I do further agree that except in the event that MEA's gross and willful negligence; I shall bring no claim, demands, actions, causes of action, and/or litigation against MEA or its workers as stated above in this clause, for any economic or non-economic losses due to bodily injury, death, property damage, sustained by me or my child and/or my ward in relation to the premises and operations of MEA activities and programs on or off the premises owned by MEA.

I hereby also appoint the president of MEA or the appointed director of the activity or program or its medical advisor of the camp to act in my stead to give consent for emergency medical or surgical treatment with the doctor of their choosing. Finally, permission is granted to use any pictures taken for promotional use.

Signature _____
(Participant)

Date ____/____/____

Signature _____
(Parent/guardian if under 18 yrs. old)

Date ____/____/____

P.O. Box 72 * Ceres, NY 14721
Camp Phone (814) 697-6270

This form must be filled out by all participants to be able to attend camps or to participate in any activities or programs of MEA on or off the premises.