

**OAK MOUNTAIN PRESBYTERIAN CHURCH
YOUTH ACTIVITY RELEASE FORM**

I, the undersigned, desiring to participate/allow my child to participate in activities sponsored by Oak Mountain Presbyterian Church of Birmingham, Alabama, do hereby release and forever discharge Oak Mountain Presbyterian Church and their respective members, employees, officers, directors, and representatives from any and all claims for any and all injuries, losses, and damages I/my child might incur on or in any way relating to any such activity including, without limitation, including my stay.

I am the parent or legal guardian or nineteen (19) years of age or older, or and this RELEASE is binding on me and my executor, administrators, and heirs.

I give Oak Mountain Presbyterian Church and its representative(s) with me/my child during any such activity authority to request and authorize medical and/or hospital treatment for my/my child's benefit in the event of any injury or sickness sustained by me/my child during any such activity, including, without limitation, while traveling to and from said activity. I agree to pay for all such treatment and to reimburse Oak Mountain Presbyterian Church for all costs and expenses incurred by it with respect to such treatment.

The parties of the RELEASE are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian Church (Matt. 18:15-20, I Cor. 6:1-8). Therefore the parties agree that any claim or dispute arising from or relating to this RELEASE shall be settled by Biblically based mediation. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of the RELEASE and expressly waive their right to file a lawsuit in any civil court against one another for such disputes except to enforce an arbitration decision.

I have fully read the above, understand it, and expressly agree to it. This form applies for ALL activities and is valid for one year from date of signature.

Parent or Legal Guardian Printed Name _____ Date _____

Parent or Legal Guardian Signature _____

Legal Name of Son or Daughter _____

Date of Birth _____

Mother's Maiden Name _____

Emergency Phone Numbers 1. _____ 2. _____ 3. _____
Home Cell Relative/ Family Friend

Insurance Co. _____ Name Under _____

Policy Number _____ Group Number _____

HEALTH HISTORY

Date of Last Tetanus Shot _____

Please check YES or NO if you have any current or past health problems in the following areas:

Allergies _____	Glasses _____	Genitourinary _____
Asthma _____	Headaches _____	Neurological _____
Heart Disease _____	Psychiatric _____	Muscular _____
Hypertension _____	Skin _____	Circulatory _____
Diabetes _____	Skeletal _____	Other _____
Blood Problems _____	Respiratory _____	
Dizziness _____	Gastrointestinal _____	Major Illness _____

Please give details of any items marked YES. _____

Current Medication and Dosage - _____

Please notify the Youth Staff of any changes that may occur throughout the year. Thank you.