



# LIABILITY/RELEASE FORM EXPERIENCE INFLUENCE

Student Name \_\_\_\_\_ Male Female

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents Names: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Parents Home Phone (if different from student) \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

In Case of Emergency and parents cannot be reached please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_

Doctor City: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last Tetanus Shot? \_\_\_\_\_ / \_\_\_\_\_ (if not completed, tetanus shot will be given in case of emergency)

Medical History:

Allergies:

**IN CASE OF EMERGENCY**, I hereby give permission to the physician selected by the 1twentyone leadership to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named on the reverse side of this card. I understand however, that every effort will be made to contact me in case of such an emergency and if possible, before any such medical treatment is administered. I hereby release 1twentyone from any responsibility other than normal supervision and care. In case of accident, I will not hold Back2Back Ministries, 1twentyone, or its Staff Members, Management, or Officers liable unless guilty of gross disregard for the safety and welfare of the camper. I give permission for any appropriate photographs/videos of my child to be used for future B2B/1twentyone promotional purposes.

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

\_\_\_\_\_  
Date