

# Florence Boulevard Church of Christ Youth Activities

## MEDICAL RELEASE AND AUTHORIZATION

I, \_\_\_\_\_ (Name of Parent/Guardian) give permission to \_\_\_\_\_ (Son/Daughter) to participate in activities sponsored by the Florence Boulevard Church of Christ from **December 2010 through December 2011**. Should emergency medical treatment be necessary, I authorize Barry Binion or any adult named by Barry Binion, to act in my behalf to approve appropriate medical treatment. I further state that I am of lawful age and legally competent to sign this medical release; that I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless, Barry Binion, or his nominee, from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of this medical release by reading it and that the medical and insurance information I give below is accurate.

This **Medical Release and Authorization** shall remain in full force and effect until written revocation is received by Barry Binion.

In witness whereof, I have executed this Medical Release effective for **December 2010 through December 2011** on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Insurance Company/Policy Number**

**Emergency Contact** \_\_\_\_\_

**PLEASE LIST ANYTHING WHICH MAY CAUSE YOUR CHILD TO HAVE AN ALLERGIC REACTION, INCLUDE ANY MEDICATIONS.**

\_\_\_\_\_  
**STATE OF ALABAMA, COUNTY OF LAUDERDALE**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to be the person (or persons) who executed the foregoing instrument, and acknowledged that he (or they) executed the same as his (or their) free act and deed.

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Commission Expiration**