

Medical & Liability Release Form
Night to Shine sponsored by the Tim Tebow Foundation

Cresthill Baptist Church, Bowie, MD
February 10, 2017

Cresthill Baptist Church will host a Night to Shine for people with special needs ages 14 and older on Friday, February 10, 2017. Night to Shine is a worldwide movement sponsored by the Tim Tebow Foundation that provides an unforgettable prom night experience for people with special needs. It is being hosted simultaneously by more than 300 churches in 50 states and 9 countries with the help of 70,000 volunteers. At Cresthill Church's Night to Shine event, all Volunteers age 18 and older will receive a background check. Volunteers age 16—18 will need a signed permission form from their parents and must be known to Cresthill Baptist Church.

Medical Waiver

I / We, the undersigned Parent(s) do hereby authorize representatives of Cresthill Baptist Church, Bowie, MD as agent(s) for the undersigned. I / We hereby give permission for the agent of Cresthill Baptist Church to administer necessary First Aid and Medical Aid to our child when deemed appropriate. I realize that every effort will be made to contact me before any emergency treatment is administered. If the leaders of Cresthill Baptist Church cannot reach me, I give them permission to admit my child into the care facility nearest that location if necessary. I release the agents of Cresthill Baptist Church from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the event activities.

I / We hereby give permission for our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Cresthill Baptist Church and the Tim Tebow Foundation. I (we) further release Cresthill Baptist Church and any of its ministries or leaders from any and all liability in the event of an accident en route, during and/or returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Participation Waiver

I / We, hereby, give permission for my child listed below to participate in the event listed above. I acknowledge that there are certain risks associated with the activities, including, but not limited to, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death.

Name of participant (please print): _____

Address _____ Primary Phone# (____) _____

City / State / Zip _____ Secondary Phone# (____) _____

Birth Date (mm/dd/yyyy): ____/____/____ Age of participant: _____ Male _____ Female _____

Allergies to medications, food, etc. Please be specific: _____

Medical or special needs including current medications: _____

Health Insurance Company _____

Policy or Group Number _____ Agent Phone (____) _____

Participant signature if over age 18: _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian signature _____ **Date** _____

Emergency Contact if parent/legal guardian is not available in an emergency:

Name _____ Phone (____) _____