

# Home Run Ministries - The Home TEAM

## Liability Release and Medical Authorization

Parents' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurer's Name & Social Security Number: \_\_\_\_\_

We do hereby release, absolve, and hold harmless the directors, coaches, and adult leaders of Home Run Ministries, Inc. from any and all liability for all losses, damages, or injuries occurring as a result of our child's presence or participation in any sponsored activities. We also absolve and hold harmless any facility and its directors that Home Run Ministries is using for its activities. We further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment, or hospital care required in the case of a medical emergency.

Furthermore, we hereby authorize, in the event of an injury, any director, coach, medical attendant, or adult leader in Home Run Ministries, Inc. to consent to emergency medical treatment for our child when we cannot be contacted to give consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical, surgical examination or treatment, and general hospital care. Except as noted below, this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a director, coach, or adult leader of Home Run Ministries to give specific consent to any and all such examination, treatment, or hospital care.

**Except as indicated below, we specifically give our consent for first aid treatment with bandages, antibiotic ointment, hydrogen peroxide, acetaminophen and/or ibuprofen.** Listed below are any prescription medications that our child takes on a regular basis.

Student's Name				
Treatment Exceptions				
Medications				

We hereby verify that we understand and accept the terms of this Liability Release and Medical Authorization.

\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Date