

Medical Release Form

| State | zip zique de la constant de | Homeschool Tutorial, its |
|---|---|---|
| State | Zip Zip zi (and/or Memphis lity due to sickness overed by an insurary medical emergentely in the event of the is authorized to t | Homeschool Tutorial, its s or injury. ance policy covering illness and ncy. If participant is a child, I a fillness, accident, or disciplinary take such measures and arrange |
| State | Zip Zip zi (and/or Memphis lity due to sickness overed by an insurary medical emergentely in the event of the is authorized to t | Homeschool Tutorial, its s or injury. ance policy covering illness and ncy. If participant is a child, I a fillness, accident, or disciplinary take such measures and arrange |
| saff, and volunteers from claim or liabilities concerning arbicked up immediate evue Baptist Church | zip zique de la constant de | Homeschool Tutorial, its s or injury. ance policy covering illness and necy. If participant is a child, I a fillness, accident, or disciplinary take such measures and arrange |
| from claim or liabined participant is collities concerning an oicked up immediate evue Baptist Church | lity due to sickness overed by an insura ny medical emerger tely in the event of th is authorized to t | s or injury. ance policy covering illness and necy. If participant is a child, I a fillness, accident, or disciplinary take such measures and arrange |
| ase, discharge, indeloyees, agents and a rassistants) from a suffered by the pairectors, officers, ebloyees and/or voluany injury including | emnify and agree to all volunteer person my and all liability articipant. I further employees, agents, anteer assistants) for ing reasonable attorn | tist Church or Memphis o hold harmless Bellevue Baptis onnel (or Memphis Homeschool for personal injuries and/or r agree to indemnify and hold and all volunteer personnel (or or any claim and/or damages it of |
| Printed Name | e | Date |
| 1 | oyees, agents and r assistants) from a suffered by the pa irectors, officers, e bloyees and/or voluany injury including the above statement. | oyees, agents and all volunteer persor assistants) from any and all liability suffered by the participant. I further irectors, officers, employees, agents, ployees and/or volunteer assistants) for any injury including reasonable attorn the above statements. Printed Name |

Cell phone

Work phone