

## Travel & Medical Release

I, the undersigned, will be traveling to Ensenada, Mexico with the Pleasant Ridge Church of Christ during the week of \_\_\_\_\_. If I am incapacitated in any way, any adult acting on behalf of the Pleasant Ridge Church of Christ is empowered to act on my behalf for my medical benefit during this trip. I give my permission to any adult from the Pleasant Ridge Church of Christ to sign for the medical authority and authorization for any medical treatment I may need during this trip, if I am unable to sign for myself.

I, the undersigned, do hereby release the Pleasant Ridge Church of Christ, the Colonia 89 Church, and any and all persons acting on their behalf from all claims, actions, causes of action and reasons of any and all unknown and unforeseen injuries and the consequences thereof (including, but not limited to, payment of any and all dental, medical and hospital expenses) resulting from or occurring while I am participating in activities with the Pleasant Ridge Church of Christ. I and my family agree to indemnify, save and hold harmless the parties released hereby.

I have the following allergies and/or health problems.

\_\_\_\_\_  
\_\_\_\_\_

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

Health Insurance Company and Phone Number: \_\_\_\_\_

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

Emergency Contact #1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Dated: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Adult Team Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_ appeared before me on this \_\_\_\_\_ day,  
month of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_ State of \_\_\_\_\_