

***Flood Fire Plano, Flood Fire West, Flood Immersion and Flood Inferno  
Medical and Liability Release Form***

**Flood Fire, Inc.**  
c/o Patti Mecklin  
700 Bluebonnet Dr.  
Allen, TX 75002

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CIRCLE: MALE FEMALE  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
IN EMERGENCY, NOTIFY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_  
Local person to contact if you cannot be reached in the event of an emergency:  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

***HEALTH HISTORY*** (please explain any condition we should be aware of, use back of form if necessary)

NAME OF DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
HOSPITAL OF CHOICE \_\_\_\_\_  
Allergies (insect stings, drugs, food, etc.): \_\_\_\_\_  
Normal Treatment of allergic reaction: \_\_\_\_\_  
Please explain any other conditions (heart, diabetes, asthma, epilepsy, etc.): \_\_\_\_\_  
Medications Currently Taking: \_\_\_\_\_

***INSURANCE***

Your Insurance Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

***MINOR LIABILITY RELEASE***

*I give permission for my child, \_\_\_\_\_, to participate in all activities as part of the FLOOD FIRE CAMP at the CUSTER ROAD UNITED METHODIST CHURCH of Plano, Texas, and /or at PEACE LUTHERAN CHURCH of Hurst. Every activity sponsored by this camp is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events occur. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in FLOOD FIRE activities including transportation to and from any location in connection with FLOOD FIRE events. I also agree that I will not hold FLOOD FIRE or any of its employees or volunteer workers or members liable for damages, losses or injuries to the minor named in this form. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release FLOOD FIRE and Custer Road United Methodist Church and /or Peace Lutheran Church from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given by the Flood Fire staff. It is understood that my child will obey all regulations and follow instructions of the leaders. I understand this form and my signature is both for the medical and liability release.*

*I give my child permission to ride to and from events with a licensed driver. Circle: I DO I DO NOT*

***Parent / Legal Guardian Signature*** \_\_\_\_\_

***Print Signer's Name:*** \_\_\_\_\_

***Valid Events: All Flood Fire Camp Events Valid Dates: June 13- June 25, 2010***

***This form must be notarized. Parents of children under 18 must accompany students to sign in front of  
Notary.***

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