



**God's
Country**
OUTFITTERS

Medical Release Form

Participant Information:

Name _____

Birth Date _____

Address _____

Phone Number _____

Social Security Number _____

Medical Insurance Company _____

Policy Number _____

Policy Holder Name _____

Parent/Guardian Information:

Father's Name _____

Father's Phone Number (day) _____

(evening) _____

Mother's Name _____

Mother's Phone Number (day) _____

(evening) _____

This form is intended to serve as permission for anyone representing God's Country Outfitters, LLC. to seek medical attention for the individual named on this form. It is further meant to serve as permission for medical professionals to deliver necessary medical care in the event of injury or illness. By signing below, you indicate that you understand that God's Country Outfitters, LLC. and its representatives shall not be held liable for any injuries or losses.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____