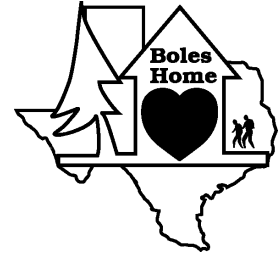


Boles Children's Home, Inc.

7065 Love Quinlan, TX 75474-4609
Administration (903) 883-2204 -- FAX (903) 883-2099
Professional Services -- (903) 883-2088 - FAX (903) 883-4530



Medical and Liability Release Form

Date: _____ Group: _____

Group Leader's Name: _____

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ In case of emergency, notify _____

Phone: (____) _____ Doctor: _____ City: _____

Doctor's Phone: (____) _____

Health History: Height: _____ Weight: _____

Allergies: ___ Insect Stings ___ Drugs ___ Other Allergies Other Conditions: ___ Heart Condition
___ Frequent Colds ___ Chronic Asthma ___ Hay Fever ___ Frequent Stomach Upsets ___ Diabetes
___ Epilepsy ___ Physical Handicap

**Note: Certain physical conditions could preclude participation by the individual.*

If you have checked any of the above, PLEASE give details (i.e., include normal treatment of allergic reactions): _____

Date of last Tetanus Shot: _____

Name and Dosage of any medications that must be taken: _____

Any Restrictions? Yes ___ No ___

What Restrictions? _____

If you have Medical Insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on the Boles Home campus.

Do you have Health Insurance? Yes ___ No ___

If "Yes", Name: _____

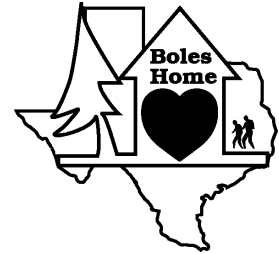
Policy Number: _____

Address: _____

"CONTINUED ON BACK"

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"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the Physician or Dentist selected by Boles Home leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Liability Release

Boles Home, Inc. is glad to serve you in this Adventure Learning Activity. The challenges presented to you are designed to help you in personal and relational growth. Some activities have inherent risk. Participation on this course is engaged in while under the principles of "challenge by choice". Each participant chooses to participate in each challenge presented them. With these challenges there may be surges in the blood pressure, heart rate and risk of injury or even death, as well as, emotional risk. Course facilitators are trained, certified professionals. Please help us serve you by being open and honest with your answers.

Every activity sponsored by Boles Home is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian and participant agree to assume and accept all risks and hazards inherent in Boles Home-related social activities. They also agree not to hold Boles Home, (its) employees or its volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release. The Participant is also signing for both medical and liability release.

Participant's Signature _____

Participant's Printed Name _____

Male and/or Female Parent or Guardian
Signature _____

Male and/or Parent or Guardian Printed
Name _____

Date: _____