

First Baptist Church  
Information & Release Form

Activity/Event & Dates \_\_\_\_\_

General Information: (Please Print)

Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Person: Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

Alternate Contact: Someone Near Primary Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone # (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

Participant Information & Code of Behavior Agreement:

Some Activities Planned During This Event \_\_\_\_\_

Rules of Behavior Expected of Each Participant

- |  |                   |
|--|-------------------|
| 1. No alcohol or drugs permitted.                    | 4. Follow curfew. |
| 2. Attendance at meetings mandatory.                 | 5. No tobacco.    |
| 3. No guys in girls' sleeping quarters & vice versa. | 6. No profanity.  |

Medical Information:

It is expected that you have medical insurance. Your carrier will be billed for medical charges in the case of illness or injury related to the activity.

Group # \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Policyholder's Name \_\_\_\_\_

Doctor \_\_\_\_\_

City \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

(Continued on Reverse)

Information & Release Form - Continued

If you should require medical attention for injuries received or illnesses contracted prior to activity, please provide us the necessary information for proper medical care during this activity.

Describe \_\_\_\_\_

Medications that Must Be Taken and Dosage \_\_\_\_\_

Any Allergies? \_\_\_\_\_ To Medications? \_\_\_\_\_

**Participant/Parent Release Statement:**

I have reviewed the information about the activity/event and give my permission for the subject of this release to be involved in the overall activities.

I/we have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/we also acknowledge that if the subject of the release has to return home early for discipline violations, it will be my/our expense.

I/we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as First Baptist Church sees fit.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for the subject of this release as deemed necessary.

I/we understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities. I/we understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/we agree not to hold First Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this release.

Participant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(if under 18)

Date Signed \_\_\_\_\_