

Riverchase Baptist Church Medical Release Form 2021

Participant Name _____ Age _____ Date of Birth: ____/____/____

Grade Completed: _____ Address: _____ City: _____ ST _____ ZIP _____

In case of an emergency notify: _____ Relationship to student : _____

Phone Numbers Home:(____) _____ Work(____) _____ Mobile:(____) _____ Other:(____) _____

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor If Fair or Poor, please explain the condition:

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes

Dizziness Stomach Upset Hay Fever _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ____/____/____ Family Physician _____

Phone: (____) _____ Insurance Co. _____ Policy #: _____

_____ Subscriber Name: _____

Subscriber Number: _____ Employment: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Permission for Medical Treatment, Photography/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Riverchase Baptist Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Assumption of Risk: I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Recreation: The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Program staffs are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, paintball, equestrian activities and aquatics. You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, climbing or descending unpredictable and possibly slick or uneven terrain, crossing narrow wires and logs, jumping, running, climbing/descending steep rock faces, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Copies: It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original.

Complete and sign below (Participants who are minors per your state statute must have Parent/Legal Guardian signature).

Participant's Signature (only if 19yrs of age or older): _____ Date: ____/____/____

Parent/ Guardian Signature: _____ Phone: () _____ Date: ____/____/____