

GENERAL PERMISSION AND MEDICAL LIABILITY RELEASE FORM

Temple Baptist
Student Ministries
300 Stratton Street
Covington, VA 24426
(540) 965-0330

Name: _____

Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: ____/____/____

PRIMARY PARENT/GUARDIAN'S NAME: _____

WORK PHONE: _____ HOME PHONE (if different): _____

ADDRESS (if different): _____

ALTERNATE EMERGENCY CONTACT: _____

CONTACT NUMBERS: _____ RELATIONSHIP: _____

FAMILY PHYSICIAN: _____ NUMBER: _____

MEDICAL INSURANCE COMPANY: _____

SUBSCRIBER NAME: _____ TYPE OF COVERAGE: _____

GROUP #: _____ POLICY #: _____

INSURANCE PHONE NUMBER: _____

PLEASE DESCRIBE ANY MEDICAL CONDITION WHICH MAY RECUR OR BE A FACTOR IN MEDICAL TREATMENT:

Illnesses or handicaps: _____

Allergies to medication, food, etc.: _____

Convulsions, Blackouts, Fainting Spells, Etc.: _____

Heart or lung problems: _____

Disease of any kind: _____

Previous operations or serious illnesses: _____

Other (medical conditions): _____

Regular Medications Currently Taking: _____

Dosage and Frequency: _____

Short Term Medications Currently Taking: _____

Dosage and Frequency: _____

Over the counter medications allowed to take: _____

**GENERAL PERMISSION AND MEDICAL LIABILITY RELEASE FORM
(CONTINUED/BACK PAGE)**

GENERAL PERMISSION:

I give the participant listed on this form permission to go with Temple Baptist Church on their various youth ministry events and outings. These events and outings range from concerts, camps, retreats, local non-recreational activities, and mission projects. I realize that this is a general form to be placed on file in the youth ministry office upon which the church may use when necessary. I also understand that for some youth ministry events there will be an additional form to be used to notify of parental consent for various events.

PERSONAL PROPERTY WAIVER

I understand it is my responsibility to safeguard any personal property I bring. I further understand that Temple Baptist Church will not under any circumstances be responsible for any property lost, misplaced, or stolen, either directly or indirectly. I further understand that such loss may or may not be covered under my insurance and that Temple Baptist Church does not have any insurance to cover any such loss of my own personal property.

PHOTO/VIDEO NOTICE

I understand that as a participant, my child may be photographed or videotaped during normal activities and that these photographs or videos may be used in other materials.

LIABILITY RELEASE:

I acknowledge that participation in the activity described involves risk to the participant (and to the participant's parent or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, property damage, and financial damage. In consideration for the opportunity to participate in the activity described (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Print Youth Name: _____

Youth Signature: _____

Print Parent's Name: _____

Parent's Signature: _____

Date: ____/____/____

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