PARTICIPANT FORM – PARENTAL CONSENT

NOTE: All participants and leadership must complete this form to be eligible to participate. Students under the age of 18 must have the signature of a parent or guardian. The form includes Medical Authorization, Publicity Release, Agreement to Indemnify, Release of Liability, and Parent/guardian Consent to Participate. **ALL SECTIONS MUST BE COMPLETED FOR ELIGIBIILTY.** Return this form to the Youth Minister as soon as possible.

PERSONAL DATA AND MEDICAL INFORMATION

Name (Last)_____ (First)_____ Birth Date/Age _____/_____ Gender_____
Address _____
Emergency Contact_____ Day Phone _____ Night Phone _____
Other Emergency Contact _____ Day Phone _____ Night Phone _____
List ALL Known Allergies (including food, drug, insect bites, etc.)_____
_____
Dietary Restrictions _____
Current Medications (state frequency and dosage for each medication)_____
Date of Most Recent Tetanus Immunization _____
Medical Conditions/Restrictions Preventing Normal Camp Activity _____
_____
Physician _____ Phone _____

HEALTH INSURANCE INFORMATION
(Please attach a copy of the front and back of your insurance card)

Carrier Name and Contact Number _____
Policy Number_____ Name of Insured _____
Relationship of Insured to Participant _____

MEDICAL AUTHORIZATION

TO: THE ATTENDING PHYSICIAN AND/OR HOSPITAL

I/we hereby authorize reasonable and necessary medical care, including, but not limited to, any emergency surgical procedure or hospitalization deemed necessary by a qualified and licensed physician for the welfare of myself or the above named Participant, while attending events with Fork Shoals Baptist Church. I/We agree to be financially responsible for the costs of such treatment.

CONSENT TO DISCLOSE MEDICAL INFORMATION

I/we further authorize Fork Shoals Baptist Church and its authorized representatives to disclose any health-related information for myself or above named Participant, to any health care provider, until such time as you are able to reach me/us personally.

CONSENT AND RELEASE OF LIABILITY BY PARENT(s)/GUARDIAN(S), AND INDEMNIFICATION AGREEMENT

I/we hereby give approval for _____ (Participant's name) to attend activities with Fork Shoals Baptist Church throughout the year _____. In consideration for the Youth Participant being allowed to participate in these activities, I/we for ourselves and our child, assume all risks and hazards related to the activities, including transportation to and from events; further, I/we do hereby release and discharge Fork Shoals Baptist Church or the South Carolina Baptist Convention, and any respective directors, officers, employees, as well as the organizers and chaperones for the church (referred to as "Released Parties"), from any loss, injury, or other damage to me/use and the Participant arising out of or in any way related to activities at Fork Shoals Baptist Church, including all activities and transportation to and from the church. I/we further agree to indemnify and hold harmless the Released Parties from any claims, losses, injuries, and/or other damages related to or arising from the above named Participant's participation in the church's activities, including but not limited to any claims submitted by or on behalf of the Participant.

PUBLICITY RELEASE

In consideration for the Participant being allowed to participate in Fork Shoals Baptist Church activities, I/We, for ourselves and our child, hereby authorize the Fork Shoals Baptist Church to record the Participant's picture and/or voice on print, films, audio, and/or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity, and hereby release and discharge Fork Shoals Baptist Church and any directors and employees, as well as the organizers, and chaperones for Fork Shoals Baptist Church from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

I/WE HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE FURTHER WARRANT THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

In witness whereof, I/we have executed this form on the date indicated below.

Participant's Signature _____ Date _____

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____