

**SWIFT CREEK BAPTIST CHURCH
MEDICAL & LIABILITY RELEASE FORM FOR ADULTS**

Please use blue or black ink.

GENDER: F M ADULT AGE: _____ T-SHIRT SIZE: _____

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Work) _____

YOUR CELL PHONE: _____ YOUR EMAIL: _____

NAME OF SPOUSE: _____ SPOUSE'S CELL: _____

SPOUSE'S EMAIL: _____

IN EMERGENCY, NOTIFY: _____

FAMILY DOCTOR: _____ PHONE: _____

INSURANCE COMPANY: _____ PHONE: _____

POLICY NUMBER: _____ GROUP #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HEALTH HISTORY: Date of last tetanus shot: _____

Allergies: _____

Medications currently taking and dosage that must be taken: _____

Conditions: NONE

Chronic asthma Diabetes Epilepsy Frequent colds Hayfever

Heart condition HIV/AIDS Physical handicap Frequent stomach upsets

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

Any other conditions not listed above, please explain:

Any swimming restrictions: Yes No Any activity restrictions: Yes No

What restrictions: _____

Our church's insurance is excess insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you are participating in a church-related activity. In the event of an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for myself, as deemed necessary.

LIABILITY RELEASE

Every activity sponsored by Swift Creek Baptist Church 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 I agree to assume and accept all risks and hazards inherent in church-related social activities. I also agree not to hold Swift Creek Baptist Church, or its employees or volunteer assistants harmless for damages, losses, or injuries to the person or property undersigned. I understand that my signature is for both a medical and liability release.

MEDIA CONSENT I give my consent and permission for the taking of photographs and/or video of myself during events for one year from the date of my signature below and waive and/or assign any and all rights (including copyright) in such media to Swift Creek Baptist Church for promotional use in print and online.

MEDICINE APPROVAL Place your initials on the line by each medication we can give you (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

Acetaminophen (Tylenol) _____ Benadryl _____

Dramamine (motion sickness) _____

Ibuprofen (Advil or Motrin) _____ Pepto Bismol _____

Signature: _____ *Date: _____

*This form is valid for 1 year from this date.

NOTARY INFORMATION

The following is to be completed by the notary witnessing parent/guardian's signature.

City/County of _____

Commonwealth of Virginia

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (____/____/____).

_____ Notary Public

My commission expires ____/____/____.

Commission # _____.