

**SWIFT CREEK BAPTIST CHURCH**  
**ADULT**  
**MEDICAL & LIABILITY RELEASE FORM**  
(Please Use Black or Blue INK and Print)

**GENDER: F M**

**AGE:** \_\_\_\_\_ **T-SHIRT SIZE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: (Home)** \_\_\_\_\_ **(Wk)** \_\_\_\_\_

**YOUR CELL PHONE:** \_\_\_\_\_ **YOUR EMAIL:** \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_

**SPOUSE'S CELL PHONE:** \_\_\_\_\_ **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**

I hereby assume and accept all risks and hazards to person or property inherent in church events. I release absolutely, hold harmless and covenant not to sue Swift Creek Baptist Church, its employees, or volunteers from any present or future liability, whether asserted by me or a third party, arising out my participation in church event activities including such claims arising from the NEGLIGENCE of Swift Creek Baptist Church, its employees or volunteers. I agree to indemnify Swift Creek Baptist Church from any costs associated with defending or litigating any claims brought by me or a third party, including but not limited to attorney fees, costs, and legal expenses. This form is valid for (1) one year from the date of signature.

**MEDIA CONSENT**

I give my consent and permission for the taking of photographs and/or video of myself during church related events 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: \_\_\_\_\_

**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 # \_\_\_\_\_.