

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

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.

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 # _____ .