

# 2023 First Baptist Church at the Mall d/b/a Lakes Church Annual Liability & Medical Release Form

## **ADULT PARTICIPANT INFO** (One form per person)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### **EMERGENCY CONTACT INFO:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Secondary contact to notify in the event of an emergency: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### **MEDICAL INFO (Please attach a copy of Insurance Card)** Medical insurance co: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company's address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain medication, rare blood type, wears contact lenses, etc.): \_\_\_\_\_

List all medication taken on a regular basis and/or any that would be brought on an overnight event. Prescription medicine MUST have a pharmacy label, name of doctor, and be in your name. \_\_\_\_\_

List all operations/serious injuries and dates within the past five years: \_\_\_\_\_

**EMERGENCY AUTHORIZATION** In the event I am medically unable to give verbal permission, this authorization serves as permission to medical personnel selected by the participant's Church sponsor, his designee or staff to order X-rays, routine tests, and treatment for me. In the event I am medically unable to give verbal permission, this authorization serves as permission to the physician selected by the participant's Church sponsor, his designee, or staff to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby release First Baptist Church at the Mall, its directors, employees or agents from liability associated with participation in Church sponsored activities.

**PERMISSION** I ACKNOWLEDGE THERE ARE RISKS ASSOCIATED WITH PARTICIPATION IN CHURCH EVENTS, INCLUDING BUT NOT LIMITED TO, THE RISK OF PERSONAL INJURY. It is my responsibility to stay informed of the nature of specific activities and events I choose to participate in.

**HOLD HARMLESS** I release and agree to hold harmless First Baptist Church at the Mall and their adult sponsors from all liability claims, or demands for personal injury, as well as damage and expenses of any nature that occur while participating in any Church sponsored events to the full extent allowable by law. I hereby verify the information given on this form is correct and acknowledge that this release is effective from January 1, 2023-December 31, 2023, and it is my responsibility to notify the church of any changes to the information provided.

**MEDIA RELEASE** I give permission to First Baptist Church at the Mall to include me in pictures and videos to be used for Church at the Mall multi-media purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date