

WALNUT RIDGE BAPTIST CHURCH

2018 ADULT PARTICIPANT PERMISSION AND MEDICAL CONSENT FORM

As an adult participant (over the age of 18), I hereby warrant that I am of legal age and am competent to enter into this agreement to participate in activities organized by WALNUT RIDGE BAPTIST CHURCH (WRBC) between January 1, 2018 and December 31, 2018 (the "Activities").

Participant's Full Name: _____
Last First Middle

Date of Birth: _____ Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

MEDICAL INFORMATION:

Insurance Provider: _____ Insurance Phone: _____

Name of policy holder: _____ Policy Number: _____

Are you on any medication? Yes No *If yes, please complete the Medication Permission Form*

Please describe any activity restrictions or any chronic illness(es) which would have an effect on your participation in any activities: _____

Please list any allergies or dietary restrictions: _____

Please initial next to each statement you are giving permission to WRBC (to include adult volunteer leaders and staff present at the Activities):

MEDICAL:

____ In the event of an emergency and Emergency Contact cannot be reached, I allow WRBC to seek appropriate and professional medical attention (where available) to care for myself as needed; to include but not limited to X-rays, injections, anesthesia, medical/dental/surgical care, hospitalization and/or transportation by ambulance.

LIABILITY:

____ I acknowledge and accept all risks of injury or death involved in all Activities.

____ I accept personal financial responsibility for any bodily or personal injury sustained during the Activities.

____ I agree to hold WRBC harmless from any and all liability action, causes of action claims, expenses, and damages.

PHOTO:

____ I agree to the taking of and use of photos and videos of myself taken during activities for use of promotion of WRBC and its Activities without any monetary compensation, and without any prior notification of use.

DISCIPLINE:

____ I agree that in the event I break the rules to the point of removal from the Activities (as seen necessary by the staff representative), I will be sent home at my expense to be settled after the Activities.

I have read all information and am agreeing the information I have given is truthful and accurate to the best of my knowledge.

Participant Signature: _____ Date: _____