



First Baptist Church

Medical, Liability, Participation Release (18+)
TWO-THOUSAND-SEVENTEEN (2017)

- College Ministries
- Adult Ministries
- Senior Ministries

FOR OFFICE USE ONLY

PERSONAL INFORMATION

NAME: _____ AGE: ____ DATE OF BIRTH: _____ Male Female
Print Last Name *Print First Name*

HOME ADDRESS: _____ MAILING ADDRESS: _____
If Different then Home Address

CITY: _____ ST: _____ ZIP: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____ PAGER/CELL 2: () _____

IN EMERGENCY NOTIFY: _____ RELATIONSHIP: _____ PHONE: () _____

FAMILY DOCTOR: _____ HOSPITAL: _____ PHONE: () _____

HEALTH HISTORY

Check Any Below That May Apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Behavior/Nervous Disorder |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |

If any of the above are checked, please give details (i.e. Allergies, treatment to allergies, medication, etc.): _____

Date of Last Tetanus Shot: _____

Name, dosage, and frequency of any medications that must be taken regularly or as needed: _____

Any Swimming Restrictions: No Yes _____

Any Activity Restrictions: No Yes Explain: _____

Do you have Health Insurance: No Yes If YES, provide the following: Insurance Carrier: _____

Policy Number/Group No.: _____ Policy Holder's Name: _____ Ins. Phone Number: _____

MEDICAL, LIABILITY, AND PARTICIPATION RELEASE AGREEMENT

It is my, the **undersigned (SEE "NAME" ABOVE)**, intention by this agreement to exempt and relieve **First Baptist Church of Worland, Wyoming** and its officers, agents, servants, or employees from liability for personal injury, property damage, or wrongful death of the **undersigned** caused by any act of negligence of **First Baptist Church of Worland, Wyoming** and its officers, agents, servants, or employees. For and in consideration of permitting the **undersigned** to observe, or use any facility or equipment of **First Baptist Church of Worland, Wyoming**, or engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at **First Baptist Church of Worland, Wyoming**, beginning on **January 1, 2017 at 12:00 AM** and ending on **December 31, 2017 at 11:59 PM**, the **undersigned**: hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to **myself (SEE "NAME" ABOVE)** as a result of the **undersigned** observing or using facilities or equipment of **First Baptist Church of Worland, Wyoming**, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. The **undersigned** for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against **First Baptist Church of Worland, Wyoming** or its officers, agents, servants, or employees, the **undersigned** will indemnify and hold harmless **First Baptist Church of Worland, Wyoming** and its officers, agents, servants, or employees from any and all claims or causes of action by the **undersigned** or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of the **undersigned** present any claim against **First Baptist Church of Worland, Wyoming** and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by **First Baptist Church of Worland, Wyoming** and said persons. The **undersigned** represent that he/she has read this release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this release. The **undersigned** intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Date: _____

Signature: _____