



Information and Waiver Form

Valid through December 31, 2018

806.797.9704

Participant Information:

Name _____ Date Completed _____
Last Name First Name MI

Address _____
Street City State Zip

Main Phone _____ Birth Date mm / dd / yyyy _____ Grade _____ Gender (circle) M F

Complete for minor participants

	Name	Cell Number	Work Number	Email
Father				
Mother				
Guardian				

Complete for adult participants

	Name	Cell Number	Work Number	Email
Employer				
Spouse				

Emergency Contact:

In case of an emergency and a parent or spouse cannot be reached, please contact:

Name _____ Phone(s) _____ Relationship _____

Physician and Insurance Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Medical Insurance Yes No Name of Insurance Company _____

Policy Number _____ Insurance Company Phone Number _____

Name & Birth Date of Primary Insured _____

**** Attach a copy of the front and back of participant's medical insurance card. ****

Allergy & Medical Information:

Food and/or medicine allergies: _____

Daily Medicine _____ Prescribed Dosage _____ Time _____

Daily Medicine _____ Prescribed Dosage _____ Time _____

Other Important Medical Information: _____

Please initial: I hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products for me or my minor child under the care of a licensed physician in the case of emergency.

Participant Name _____
Last Name First Name MI

Indiana Avenue Baptist Church (together with their respective officers, employees and agents) and each volunteer assisting them are collectively designated by the abbreviation "IABC" throughout this entire form and the term "IABC" shall refer to them individually as well as collectively.

Medical Consent

- Consent for Minors: I hereby authorize IABC to take my child for medical treatment in the event of an illness or injury in which a parent cannot be reached after a reasonable attempt to do so.
- Consent for Adults: I hereby authorize IABC to take me for medical treatment in the event of an illness or injury in which I am unable to make decisions for myself.
- I do hereby authorize any physician, dentist, hospital or medical treatment center to treat me or my child in the case of emergency. The undersigned adult shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned individual pursuant to this authorization.
- I hereby authorize IABC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the facility or hospital.
- I hereby do authorize IABC to dispense to me or my child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.

Activity / Event Consent

- I hereby give permission for me or my child to attend and participate in activities sponsored by IABC and/or its ministries.
- I authorize IABC to include me and my child in routinely supervised water activities.
- I hereby authorize IABC to transport me or my child to and/or from church and/or any other church related and sponsored activities and events whether the travel is in or out of the Lubbock city limits.
- I authorize IABC to furnish food and lodging for me or my child while involved in IABC sponsored activities.
- I hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein for myself and my minor child.
- Should it be necessary for me or my child to return home due to behavioral problems the undersigned shall be responsible for the payment of all transportation costs for me or my child as well as a sponsor if the individual traveling is a minor.
- Should an emergency arise that requires me or my child to return home the undersigned shall be responsible for the payment of all transportation costs for the traveler as well as a sponsor (if a sponsor is needed) including transportation for medical reasons.

Photography / Video Image Consent

- I hereby authorize IABC to utilize my or my child's photographic image in IABC publicity and advertising pieces (no identifying information will be listed with the photograph). The use includes but is not limited to: newspaper and other ads, brochures delivered to the public, pictures displayed around IABC, IABC websites and social media pages (Facebook®, Twitter®, YouTube®, etc.).

Liability Release

- I hereby release, forever discharge and agree to defend and hold harmless IABC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant that occur while said individual is participating in any trip or activity with IABC.
- The undersigned further hereby agrees to hold harmless and indemnify IABC from and against any claim against or loss incurred by IABC as the result of the negligent, willful or intentional acts of myself or my child, including any expense incurred attendant thereto.
- I acknowledge and agree that it is my responsibility to notify Indiana Ave Baptist Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed on this form.
- The medical consent, activity/event consent and waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by IABC at its office at 8315 Indiana Ave, Lubbock, Texas 79493.

Participant Signature _____ Date _____

Legal Guardian Signature _____ Date _____

Participant Name (print) _____

Legal Guardian Name (print) _____