

ROCK BIBLE CHURCH

MEDICAL AND LIABILITY RELEASE for Participants

Mexico Mission
Trip 2017

Event: Mexico Trip

Dates: June 10-17, 2017

PERSONAL INFORMATION

M/F: _____

Last Name: _____ First Name: _____ Age: _____ DOB: ____/____/____

Home Phone: _____ Cell: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ 2nd Email: _____

Emergency Contact (parent/ friend): _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Address: _____ Insured ID #: _____

MEDICAL HISTORY

Allergies:

Drugs (list below): ____ Hay Fever: ____ Hives/Rash: ____ Insect Stings: ____

Foods: ____ Special Dietary Needs/Restrictions: ____ Vegetarian: ____

If any of these allergies are checked, please give details (i.e. include normal treatment of allergic reactions, types of reactions, food allergic to, etc.

Have you been a patient in the hospital during the past 2 years? Yes [] No []

Have you been under the care of a medical doctor during the past 2 years? Yes [] No []

Have you had surgery? If yes, please list date & type _____ Yes [] No []

Have you taken any medicine or drugs during the past 2 years? Yes [] No []

What medicines do you take now? List name & dosage _____

Date of last Tetanus: ____/____/____

Please complete the medical table below. Check ALL appropriate boxes. PLEASE DESCRIBE any of the checked conditions below and any other serious illness not listed (use add'l page if nec): _____

CONDITION	X	CONDITION	X	CONDITION	X	CONDITION	X	CONDITION	X
Heart Trouble/Disease		Bruise Easily		Emphysema		Yellow Jaundice		Frequent Colds	
Heart Murmur		Anemia		Tuberculosis		Kidney Problems		Glaucoma	
Irregular Heartbeat		Excessive Bleeding		Cancer		Renal Dialysis		Stroke	
Angina/Chest Pain		Sickle Cell Disease		Radiation (X-ray Treatments)		Thyroid Disease		Convulsions	
Heart Attack/Failure		Hemophilia (Bleedng Problem)		Chemotherapy		Parathyroid Disease		Epilepsy/Seizures	
Congenital Heart Disorder		Leukemia		Stomach / Intestinal Disease		Arthritis/Gout		Fainting/Dizziness	
Mitral Valve Prolaspe		Recent Blood Transfusion		Ulcers		Rheumatism		Tumors/Growths	
Scarlet Fever		Swelling of Limbs		Recent Wt. Loss		Cortisone Medicine		Psychiatric Care	
Rheumatic Fever		Lung Disease		Frequent Diarrhea		Artificial Joints		Anxiety	
Artificial Heart Fever		Breathing Problems		Diabetes		Excessive Whining		On Special Diet	
Heart Pace Maker		Shortness of Breath		Excessive Thirst		AIDS		Do you Smoke?	
Heart Surgery		Frequent Cough		Hypoglycemia		HIV Positive		Use smokeless tobacco products?	
High Blood Pressure		Hay Fever		Liver Disease		Drug Addiction		Wear contacts	
Low Blood Pressure		Sinus Trouble		Hepatitis A (infectious)		Cold Sores		Hearing problems	
Blood Disease		Asthma		Hepatitis B or C		Fever Blisters		Hearing Aid	

ROCK BIBLE CHURCH

Last Name: _____

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RESTRICTIONS

Swimming Restrictions: Yes [] No [] Activity Restrictions: Yes [] No [] Other restrictions (*please specify*): _____

OTHER PERTINENT MEDICAL INFORMATION

If participant should require medical attention for this trip for injuries received or illnesses contracted prior to coming on this trip, please send us the information necessary to ensure proper medical service if necessary: _____

List any other medical information or special needs we should be aware of: _____

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

While ROCK BIBLE CHURCH makes every effort to provide a safe and pleasant environment for your child, we do require that this participation agreement be read, filled out, and signed and dated by the parent or legal guardian or each child who wishes to participate in the activities/trips planned and/or held by ROCK BIBLE CHURCH.

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes ROCK BIBLE CHURCH, Pleasanton, California, acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect for the duration of the trip, unless revoked in writing by participant or participant's parent or guardian, as the case may be. ROCK BIBLE CHURCH and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant.

If participant is unable to complete the planned stay on the event identified above for any reason, participant (and participant's parent(s)/ guardian(s), if applicable) will reimburse ROCK BIBLE CHURCH for the reasonable cost of transporting participant from the event location to ROCK BIBLE CHURCH. I further agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) authorizes ROCK BIBLE CHURCH and its partners and agents to use, copy, reproduce, display, distribute, publish and exhibit, in an appropriate manner, without restriction any pictures, video, audio reproduction or narrative description of the participant that may be created with respect to the event. Participant (and participant's parent(s)/guardian(s), if applicable) waives any right participant (and participant's parent(s)/guardian(s), if applicable) might have to inspect and/or approve such items or the use to which they may be put.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless ROCK BIBLE CHURCH and its pastors, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges ROCK BIBLE CHURCH and such persons from any liability or claim against ROCK BIBLE CHURCH or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. ROCK BIBLE CHURCH does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

I (we) certify that the information provided above is correct and **I (WE) HAVE READ, UNDERSTAND AND AGREE TO THIS LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION.**

PRINT Participant LAST NAME: _____ FIRST NAME: _____

Participant Signature: _____ Date: ____/____/____

PRINT PARENT OR GUARDIAN NAME: _____

Parent (with custody of Participant) or Guardian Signature: _____ Date: ____/____/____

ROCK BIBLE CHURCH, 4100 First St, Pleasanton, CA 94566 (925) 931-0644