



**2019 Medical and Liability Release Statement  
(19 years of age and older)  
First Baptist Church  
203 South 4th Street  
Murray, KY 42071  
270-753-1854**

Name of Participant: \_\_\_\_\_  
*(Please place your initials by the statements below)*

\_\_\_\_\_ I hereby give permission to be photographed and photograph submitted to newspapers and/or church publications and/or websites.

\_\_\_\_\_ I understand that in the event medical intervention is needed, and I am unable to arrange necessary medical treatment for whatever reason, I hereby give permission to the medical personnel selected by the group leader to secure medical treatment for participant as deemed necessary.

\_\_\_\_\_ I understand that my personal insurance will be used as the only coverage in the event medical intervention is needed.

\_\_\_\_\_ I understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by participant.

\_\_\_\_\_ I understand that should the participant have to return home before, after or separate from the group for medical or other reasons, I assume any costs incurred.

Signature: \_\_\_\_\_  
(Participant)

Date: \_\_\_\_\_

Home address: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

Secondary phone number: \_\_\_\_\_

***Insurance Information***

Name of insurance company: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Policy Number : \_\_\_\_\_ Group Number \_\_\_\_\_

***Personal Information***

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any physical condition (s) we should be aware of? (Asthma, diabetic, etc.)

Date of last Tetanus shot: \_\_\_\_\_