

Release of Liability Waiver Agreement & Medical Information

Eastern Heights Baptist Church
1331 Swan Dr. Bartlesville, OK 74006 Office: (918) 333-2181 email: ehbc@ehbc.net
This release form must be signed.

I, _____ (Parent/Guardian), give permission for
(Please print)

my child _____, (Hereinafter 'Participant')

to participate in any Eastern Heights Baptist Church event from January 1, 2019 to December 31, 2019.

Parent/Guardian in exchange and consideration for your child's participation in any and all events and activities planned, organized and/or supervised by Eastern Heights Baptist Church (hereinafter the 'Activities'), agree to release, defend and hold harmless Eastern Heights Baptist Church (together with all of its staff, sponsors, agents, representative, employees, volunteers, officers, and deacons (hereinafter 'Releasees'), from, and against any and all liability, claims, demands, causes of actions of every kind and character, losses, costs, expenses (including attorney fees), and damages of every kind and character for injury or death and damage or alleged damage or alleged damage to any property sustained or alleged to have been sustained arising out of, or related to or incident, to Participant's participation in the Activities, regardless of whether such claims, demands, causes or action of every kind and character, losses, costs, expenses (including attorney fees), and damages are caused by the sole, joint or concurrent negligence of Participant. Parent/Guardian hereby waives and releases any and all claims, demands and causes of action, of every kind and character for personal injury or property damage related to the participation in the Activities of Eastern Heights Baptist Church, Bartlesville, OK.

In the event I, the undersigned, as a Parent/Guardian of the minor Participant listed above, am unable to be contacted in case of a medical emergency, I hereby authorize any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by Eastern Heights Baptist Church, Bartlesville, OK, to provide, authorize or order emergency medical treatment for the minor Participant listed above while this said Participant is engaged in any activities. I understand that the sponsors will attempt to contact me at the earliest appropriate time concerning such treatment.

I understand that as a Participant in any of the Activities, my child may be photographer or videotaped during the Activities and I hereby agree to release any and all rights, title, or ownership in such photos/videos. Likewise, I hereby expressly grant permission to Eastern Heights Baptist Church to use any photos/videos of the minor Participant in any website materials. YES NO

I have explained to my minor Participant the attitude and actions expected during the Activities. I expressly understand and agree that, if any releasee deems it necessary for the Participant to return from any of the Activities due to illness, injury or misconduct, I shall be responsible for all cost associated with such a return trip.

Parent/Guardian Signature

Date

Participant's Signature (if 18 years or older)

Date

MEDICAL INFORMATION
(to be kept on file for one year)

Name of Child _____ Age _____ M/F _____

Street Address _____ City/St _____ Zip _____

Date of Birth _____ Home/Cell Phone _____

Parent/Guardian Email Contact _____

Emergency Contact Name _____ Phone _____

Health Insurance Company _____

Group Number _____ Policy Number _____

Please attach a copy of insurance card (front & back)

Date of last tetanus shot _____

Please explain any medical condition your child has. This should include any repetitive, chronic illnesses, i.e. asthma, migraine headaches, etc. This should also include any seasonal conditions. _____

Please check if child has:

_____ Food Allergies _____ Seasonal Allergies _____ Insect/Bite Allergies _____ Allergic reaction to medications

Does your child ever sleep walk? _____ (If yes, please explain) _____

Does your child have any physical handicaps or illness which would prevent him/her from participating in normal, rigorous activity? _____ (If yes, please explain) _____

Please list all medication that your child takes. Please list each medication and the dosage. This is important information - please be prepared to send the medications with your child if he/she will be involved in an event with the church, but away from church facilities. (Medications MUST be in the original container.)

Medical Condition	Medication	Dosage

Parent/Guardian Signature

Date