

Small Group: Senior Adult Ministries

Activity: \_\_\_\_\_

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

Authorized WCBC Representatives:

\_\_\_\_\_

\_\_\_\_\_

### Transportation Release

Participant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ (print name), the

undersigned, agree to ride with and be transported in Walnut Creek Baptist Church's vehicles or other means of transportation.

I understand that the activity does present the risk of injury, or even death, to the participant, and we have been advised of those possibilities. I represent to Walnut Creek Baptist Church that I, as the participant, assume the risk of any such injury or death, and hold Walnut Creek Baptist Church, it's agents, employees, and representatives harmless from any liability for injury or death of the participant which is caused by accidental forces while engaged in the activity mentioned above.

If I am incapacitated, so as unable to be consulted in the case of necessity, Walnut Creek Baptist Church is authorized on my behalf to arrange for such medical and/or hospital treatment as they deem advisable for my health and well-being.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed and returned—only those who return this form properly signed can be granted permission to participate.

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Activities Release

**Please read the following statement carefully:**

I have been advised of the nature and extent of the activities that may take place and state that I am physically and mentally able to participate in those events.

I understand that the activity does present the risk of injury, or even death, and I have advised my family of those possibilities. I represent to you that I will assume the risk of any such injury or death, and hold Walnut Creek Baptist Church, it's agents, employees, and representatives harmless from any liability for injury or death while engaged in this activity and agree to indemnify and defend Walnut Creek Baptist Church, it's agents, employees, and representatives against any claim or liability asserted against them for any such injury or death.

I also hold Walnut Creek Baptist Church, it's agents, employees, and representative harmless from all liability to any other person or entity arising as a result this activity and agree to defend and indemnify Walnut Creek Baptist Church, it's agents, employees, and representatives against any claims of liability arising as a result.

If I am incapacitated, so as unable to be consulted in the case of necessity, Walnut Creek Baptist Church is authorized on my behalf to arrange for such medical and/or hospital treatment as they deem advisable for my health and well-being.

This document includes all Walnut Creek Baptist Church activities.

I authorize myself \_\_\_\_\_ (print name) to travel with Walnut Creek Baptist Church, it's agents, employees, and representatives thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By my signature, I as the participant, agree to follow the instructions of the Walnut Creek Baptist Church, it's agents, employees, and representatives who accompany me on the trip. I agree to conduct myself in a manner such that will represent my God, my church and my family in a positive way.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**WALNUT CREEK** baptist church  
1969 N. Sego Lily Rd. Diana, TX 75640 903-968-2929 [www.wcbcdiana.org](http://www.wcbcdiana.org)

**Medical Release**

**Please print all information.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_ Work \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies or special medical needs:** \_\_\_\_\_

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**Drug Allergies**

Is the above named participant currently taking any medications? Circle one:

yes	no
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If yes, what is the medication and how is it taken? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Name, phone, and address of Insurance Company

Insurance Company	Policy Number
Address	Group Number
City, State, Zip	Name of Insured
Phone	

### Medical Emergency Authorization Agreement

In the event \_\_\_\_\_ (print name) cannot make decisions in an emergency, I hereby give permission to the physician selected by Walnut Creek Baptist Church, its agents, employees, or representatives, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well being of the above named, due to sickness or accident while participation in the activity or in route to the activity. I also authorize the Walnut Creek Baptist Church personnel to transport me at their discretion in case of an emergency.

I represent to you that I hold Walnut Creek Baptist Church, its agents, employees, and representatives harmless from all liabilities arising as a result of my own conduct and agree to defend and indemnify Walnut Creek Baptist Church, its agents, employees, and representatives against any claim or liability arising as a result.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attending Medical Personnel and Position: \_\_\_\_\_

Medical Facility and Location: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_