



Small Group: Senior Adult Ministries
Activity: Annual Senior Trip Cruise
Date: November 4-9, 2017

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.

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

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

Signature _____ Date _____



Small Group: Senior Adult Ministries
Activity: Branson Missouri/Eureka Springs Trip
Date: September 19-22, 2016

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 our behalf to arrange for such medical and/or hospital treatment as they deem advisable for our 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 leaders 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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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 _____

Drug Allergies _____

Is the above named participant currently taking any medications? _____

If yes, what is the medication and how is it taken? _____

Adults will be responsible for handling and administering their own medications



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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 personnel or sponsor, 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 _____