



UNITY BAPTIST CHURCH

Medical / Release of Indemnity Form

Participant Name: _____ Age: _____ Date of Birth: ____/____/____
Address: _____
City: _____ State: _____ Zip Code: _____
Incase of Emergency notify: _____
Phone Numbers : Home: _____ Work: _____
Mobile: _____ Pager: _____

Medical Profile

Generally, participant=s health is: (check one) Excellent Good Fair Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any one of the following that cause you problems and explain: Asthma__ Sinusitis__ Bronchitis__ Kidney Trouble__ Heart Trouble__ Diabetes__
Dizziness__ Upset Stomach__ Hay Fever__

Explanation: _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood diseases: Chickenpox__ Measles__ Mumps__ Whooping Cough__ Other _____

Date of Tetanus Immunization: ____/____/____

Family Physician: _____ Phone: (____) _____

Insurance Company: _____ Policy Number: _____

Subscriber Name: _____

Subscriber Number / Group Number: _____

Place of Employment: _____

Subscriber Occupation: _____

Work Phone: (____) _____

Permission for Medical Treatment, Photograph / Video Notice, and Release Indemnity

My permission is granted for event director, church official, any event staffers, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child / me may be photographed or videotaped during event(s) activities and these photos / videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Unity Baptist Church of the Southern Baptist Convention, or event sponsors, or state conventions and their employees from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in any events. I agree to indemnify Unity Baptist Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child / me while participating in this / these event(s) or while on property borrowed, leased, or owned by Unity Baptist Church. Complete and sign below (Youth under 18 years of age requires Parent / Legal Guardian signature)

Participant's Signature: _____ Date: ____/____/____

Parent's Signature: _____ Date: ____/____/____

Notary Acknowledgment (Notary: Please affix seal to this form)

State of _____ County of _____

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he / she executed the within instrument for the purposes therein contained. Witness my hand this _____ day of _____, 20____. Notary Signature: _____

My commission expires: _____