

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ CAREFULLY BEFORE SIGNING

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

Recognizing there is a risk of injury or death associated with virtually any type of activity, including those activities which will be conducted as a part of **CROSSOVER 2019** to be held at **Southern Heights Baptist Church, 3408 Clays Mill Road, Lexington, Kentucky 40503**, on **Saturday, November 9, 2019**, which will include, but not be limited to a **Front Door Evangelism & Mobilization**, I, _____ [name of participant], do hereby represent as follows: (check all which apply)

- () I have no physical, mental, emotional or other conditions or illness which would interfere with my ability to participate in any activity or that would endanger my health or safety or the health or safety of others.
- () I have a physical, mental, emotional or other condition or illness which might endanger my health or safety or the health or safety of others if I were to participate in the following activities: _____.
- () I do not wish to participate in the following activities: _____.

CONSENT TO TREATMENT AND WAIVER AND RELEASE OF LIABILITY

As evidenced by my signature below, I hereby consent to participate in the following activities: **Front Door Evangelism & Mobilization** to be conducted as part of **CROSSOVER 2019**, which I understand is to be conducted under the supervision of employees, agents and/or volunteers representing the following entities: **KENTUCKY BAPTIST CONVENTION, INC., CENTRAL KENTUCKY NETWORK OF BAPTISTS, SOUTHERN HEIGHTS BAPTIST CHURCH** (herein referred to collectively as “the Providers”).

In consideration of the Providers furnishing the opportunity for participation in the aforementioned activity, I agree as follows:

I fully understand and acknowledge that (a) there are risks associated with the aforementioned activity; (b) by consenting to participate in this activity I am accepting those risks and I recognize participation in this activity may result in injury, death or disability; (c) **these risks may be caused by the negligence or gross negligence of the Providers**; and (d) by consenting to and participating in this activity, I hereby assume all risks and all responsibility for any consequences of participation, whether caused in whole or in part by the **negligence, gross negligence, or other conduct** by the Providers.

On behalf of myself, my personal representatives, and my heirs and assigns, I hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Providers from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the aforementioned activity. I specifically understand I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the **negligent or grossly negligent acts or other conduct** by the Providers.

I HAVE READ THE FOREGOING AND I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.

PARTICIPANT NAME (Print)

DATE

PARTICIPANT SIGNATURE

DATE

MEDICAL INFORMATION

Date of Birth: _____ Social Security No. _____ Home Phone: (____) _____

Emergency Contact: Name: _____ Home Phone (____) _____
Address: _____ Work Phone (____) _____

Primary Physician: Name: _____ Phone: (____) _____
Address: _____

Illnesses or conditions for which you are currently being treated: _____

Medications you are currently taking: _____

Allergies: _____ Date of last tetanus or booster shot: _____

HEALTH INSURANCE:

Name of Company: _____

Policy Number: _____

CONSENT TO TREATMENT

In the event that I am for any reason rendered incapable of making decisions regarding my own medical care, I do hereby consent to treatment, including diagnostic and surgical procedures; by a licensed physician should said physician determine that such treatment is necessary.

PARTICIPANT

DATE _____