

RELEASE FORM (Everyone)

PARTICIPANT NAME: _____ **(Circle One: Student / Adult)**

CHURCH NAME: _____

Everyone must have this form on file in order to participate in this Georgia Baptist Convention sponsored event – NO EXCEPTIONS.

Group Leaders: Students forms must be notarized.

PERMISSION, ACKNOWLEDGEMENT, RELEASE, & INDEMNITY

In consideration of Participant’s ability to participate in the event(s) sponsored by the Executive Committee of the Baptist Convention of the State of Georgia, also known as the Georgia Baptist Convention (“GBC”), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) hereby:

- A. Permission For Medical Treatment:** Grant my permission for the event administrator or staffer, or adult present or in charge of First Aid, to obtain necessary medical attention (including but not limited to OTC medicine to emergency medical care) in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary. Agree that all prescribed medication brought on campus should be in its original bottle and will be relinquished to the event medical staff to be dispersed as described on page 3 of the attached document and understand failure to do so may result in my or my child’s dismissal from the event.
- B. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs taken or videotaping during normal project or event activities, and these photos/videos may be used by the GBC, I hereby grant my permission for such photographs/videos to be taken and to be used by the GBC.
- C. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless the Executive Committee of the Baptist Convention of the State of Georgia, also known as the Georgia Baptist Convention (“GBC”), the venue, as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the “Released Parties”) from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this event and/or while on or off property leased, used, or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to me or my minor child’s dismissal from the event, as applicable.
- D. Understanding.** Represent and acknowledge that (1) I have completely read and understand this document and all its terms/policies and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, (6) a copy of this form as signed shall be treated as authentic and binding as the original, and (7) failure to comply with the event policies may result in my or my child’s dismissal from the event.

Complete and sign below (*Students require Parent/Legal Guardian signature*).

Participant’s Signature: _____	Date: ____ / ____ / ____
Parent/Guardian Signature: _____	Date: ____ / ____ / ____ Phone: _____

NOTARY ACKNOWLEDGEMENT (*Required for all students participating in the event*):

On the ____ day of _____, 20____, before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing is true and correct. Witness my hand and official seal.

Notary signature: _____

My commission expires: _____

PARTICIPANT INFORMATION (Students only)

PARTICIPANT NAME: _____

CHURCH NAME: _____

Please check here & provide the details below if there is a medical concern Impact needs to be aware of:

Date of Birth: ____ / ____ / ____ Age at Camp: _____ Grade in Fall: _____

Home Address: _____ City: _____ State: ____ Zip: _____

In case of an emergency, please notify one of the following in the order listed:

1. Name/Relationship: _____ Phone 1: _____ Phone 2: _____

2. Name/Relationship: _____ Phone 1: _____ Phone 2: _____

Please include as much insurance information as possible below: Please check here if the participant does NOT have insurance:

Insurance Company: _____ Member Name (Employee): _____

Insurance Phone Number: _____ Member ID#: _____

Group Name: _____ Employer/Occupation: _____

Group ID#: _____ Work Phone: _____

CHURCH INFORMATION

Church Name: _____ Group Leader: _____

Church Phone: _____ Group Leader's Cell: _____

City: _____ State: _____ Zip: _____

MEDICAL PROFILE

Generally speaking, the participant's health is: Excellent Good Fair Poor

If fair/poor, please explain further: _____

Is the participant bringing any "rescue medications" to self-administer? (inhaler, epi pen, etc..) NO YES If so, please list: _____

Check the following conditions or diseases the participant has had or currently has:

- | | | | | |
|---------------------------------------|--|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anemia | <input type="checkbox"/> Anxiety Attacks | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Chronic Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness/Fainting |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> GI/Stomach Disorder | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Hyperglycemia |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Migraines | <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Pleurisy |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Tuberculosis |

Are there any other psychological or physical conditions/diseases that the participant has received/is receiving treatment? If so, please specify the condition and the treatment, if any, he/she is receiving: _____

Does the participant have any known allergies? _____

Does the participant have any disabilities or restricted dietary needs? _____

Has the participant undergone any major operations (approx. date)? _____

Primary Family Physician: _____ Phone Number: _____