

GRANDVIEW BAPTIST CHURCH PARTICIPANT FORM – February 2019 – January 2020

Note: All Grandview Baptist Church participants and leadership must complete participant forms to be eligible to participate in the Grandview Baptist Church Events. Students under 18 years of age must have the signature of a parent. This form includes a Medical Release and Model Release. **ALL SELECTIONS MUST BE COMPLETE FOR ELIGIBILITY. Return this form to the youth pastor.**

Please Print Legibly **Participant Information**

Name (Last) _____ (First) _____ Date of Birth ____/____/____ Age _____ Sex _____ Grade completed _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Parents Cell Phone _____
Social Security # _____ - _____ - _____ School Attended: _____
Personal Email Address _____ Parents Email Address: _____
Your Church _____ Address _____ City _____ State _____ Zip _____

In Case of Emergency, contact (must be a family member – list 2):

Name _____ Cell # _____ Day # _____ Night # _____
Name _____ Cell # _____ Day # _____ Night # _____

Medical Profile

Generally, my 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: _____

List any medication you are CURRENTLY taking: _____

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

Family Physician: _____

Physician's Address: _____

Date of **Tetanus Immunization** ____/____/____

Insurance Company: _____ Policy or Group #: _____

(Attach copy of insurance card)

Address (City, State, ZIP): _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Subscriber Occupation: _____ Work Phone: _____

Authorization for Medical Treatment

For myself and for and on behalf of my participant child under 18 years of age ("Participant"), I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatments, and administer medications to Participant as deemed necessary by a physician and our Grandview Baptist Church Group Leader during the Grandview Baptist Church Events.

Release of All Claims

For and in consideration of participation in the Grandview Baptist Church Events, for myself and Participant I hereby acknowledge that we understand that risks, including inherently dangerous risks are associated with the Grandview Baptist Church Events ("Risks"), and we hereby assume all such Risks, and for myself and Participant I hereby release Grandview Baptist Church, and all of its agents, employees, Officers and Directors, including all Grandview Baptist Church staff from any and all Risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitations, for illness, personal injury, death, property damage, and personal or proprietary rights to my and Participant's image(s) (collectively herein, "Claims"), and hereby hold the Grandview Baptist Church harmless and agree to fully indemnify Grandview Baptist Church from and against any and all Claims.

I hereby personally assume full responsibility for any and all Claims and for any and all hospital and medical bills for myself and Participant. I hereby certify to Grandview Baptist Church that I have obtained and will maintain in full force and effect during the Grandview Baptist Church Events adequate primary medical insurance for myself and Participant. I understand that only limited supplemental medical insurance may be provided for Grandview Baptist Church Participants, to which limitations and exclusions apply. In the event it is necessary for me or Participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Consent to Use and Publication of Image

I understand that my participation in the Grandview Baptist Church Events gives Grandview Baptist Church the absolute, unconditional, and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me with or without voice, in which I am included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Grandview Baptist Church Events, and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or to approve drafts, finished products, and/or editorial, promotional, and printed copy, and/or sound tracks.

--- Please complete and sign below (students under 18 years of age requires parent/custodial signatures) ---

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

Father/Custodial Parent Signature: _____ Phone: () _____ Date: ____/____/____

Mother/Custodial Parent Signature: _____ Phone: () _____ Date: ____/____/____

(Must attach copy of insurance card)