

Effort Baptist Church Consent & Medical Release Form

Participant Information

Name of Participant: _____
Address: _____
Email: _____ Cell Phone: _____
List allergies or medical conditions: _____
Medical Insurance Provider: _____
Policy or group number: _____

Parents/Guardians Information

Names of parents/guardians: _____
Address: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Emergency Contact Information

Name of emergency contact: _____
Telephone (Day): _____ (Evening): _____

Activity Release

I hereby grant permission for my child named above to participate in the following ministry (the "Activity") of Effort Baptist Church:

Activity: _____ Date: _____

Mode of Transportation: _____

Departure Time: _____

Return Time: _____

In consideration for the opportunity to participate in the Activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Activity Coordinator or, employees volunteers, or any other representatives of the Church. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Church for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Church, the Participant, or otherwise.

Signature: _____ Date: _____