

2017



<input type="checkbox"/> Minor (under 18)
<input type="checkbox"/> Adult

Participant and/or Volunteer Medical Release & Consent Form

Participant's Full Name: _____

DOB: ____/____/____ Cell Phone # _____ Home Phone # _____

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

Activities: _____

Dates & Places: _____

	Emergency Contact (Parent/Guardian if under 18)	Secondary Emergency Contact
Name		
Address		
Home Ph #		
Work Ph #		
Cell #		

Medical Authorization and Release: I understand that First Baptist Lyman ("FBL") will make reasonable efforts to contact Participant's above listed Emergency Contacts in the event of a medical emergency. Nevertheless, I hereby give permission and authorize staff, volunteers, and agents of FBL to provide, facilitate, and consent to the provision of any first aid, doctor's care, hospitalization, surgery, transportation to medical facility, and/or any other form of medical care or treatment that they deem necessary because of illness, injury, or health problems that Participant may suffer while participating in the above listed activities ("Activities"). I agree to pay all costs and expenses incurred in connection with any such treatment. I agree to release and hold harmless FBL and its employees, volunteers, directors, officers, other agents, and any agencies it works in conjunction with, from any claims, liabilities, actions, demands, or losses for or from bodily injury, property damage, or otherwise, which may arise from provision or omission of any type of medical care or transportation to or from a treatment facility by those chosen by FBL to administer medical care for and/or transport Participant, and which may arise by any cause, including through the negligence or carelessness of FBL, its agents, or any agencies working in conjunction with them.

Medical Information:

Primary Physician _____ Phone Number _____

Medication currently taking/dosage _____

Known Allergies _____

Insurance Carrier _____ Policy No.: _____

Any physical, emotional, or mental condition of Participant of which FBL should be aware (this information is strictly confidential; explain in "Additional Medical Information" below if necessary):

I give permission for the Participant to be administered over-the-counter medications (such as but not limited to Tylenol, Ibuprofen, Pepto-Bismol, Midol, etc.). I list below any *over-the-counter* medication I do **NOT** authorize the Participant to be administered:

Additional Medical Information:

I, _____, hereby acknowledge that it is my desire (for Participant) to participate in the above-listed Activities through FBL, which may include Activities on or away from FBL premises as well as transportation to and from the Activities. I AM (PARTICIPANT IS) VOLUNTARILY PARTICIPATING IN THE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND DO HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY THAT MAY ARISE FROM SUCH PARTICIPATION AND/OR TRANSPORTATION. **I also acknowledge that this Medical Release will remain in effect for the remainder of the calendar year.** As lawful consideration for permitting me (Participant) to participate in the Activities, I hereby affirm and agree as follows:

1. Acknowledgement of Risk: I fully understand and acknowledge that participating in the Activities may expose Participant to hazards, dangers, and other risks to bodily health, safety, and well-being. I understand that the risks and dangers inherent in the Activities may be the result of many causes including, but not limited to, the negligence of the Participant or others, accidents, breaches of contract, forces of nature, human hostilities, or other causes, and I knowingly accept those risks.
2. Obligations of the Participant: As a condition of participating in the Activities, the Participant shall (a) learn and consistently follow the rules governing the Activities, (b) obey all instructions of staff and volunteers of FBL, and (c) immediately alert staff or volunteers of FBL of any perceived dangers or hazards to the safety of any other participant. During the Activities, the Participant may not engage in any unauthorized use of prescription drugs or any use of illegal substances. Deliberate or indeliberate disobedience of rules or instructions may result in Participant being sent home from the Activities at his/her expense and forfeiting the privilege of participating in future activities. I also accept responsibility to update the contents of this Medical Release and Consent Form as necessary.
3. Authorization to Use Picture, Name, Voice, and Likeness: I hereby grant to FBL and to its successors, licensees, and assigns, the right (but not obligation) to use Participant's name, likeness, voice, photograph, and/or video image in program materials, promotional materials, highlight videos, and other works, including but not limited to news releases, publications, film or video programs, radio or TV announcements, internet display, and for any other use by FBL, in its sole discretion.
4. Liability Waiver/Release: In consideration of Participant's participation in the Activities and intending to be legally bound, I hereby, for myself, my heirs, executors, and administrators, assume all risks and dangers identified above and hereby agree to release and hold harmless FBL, its service providers, employees, volunteers, directors, officers, and other agents from any and all liabilities, claims, demands, actions, fees, expenses, or losses for or from bodily injury, property damage, sickness, loss of services, or otherwise, which may arise out of Participant's participation in the Activities.
5. Indemnity: I agree to accept sole responsibility and liability for any injury or damage to a third party resulting from my (Participant's) acts or omissions. In the event my actions result in a lawsuit or claim, I agree to hold FBL and its volunteers, employees, officials, directors, and agents harmless. I also agree to indemnify FBL, its volunteers, employees, officials, directors, and agents in the full amount of any judgment or settlement obtained and/or any expenses incurred (including attorney's fees) as a result of my actions

I HEREBY EXPRESSLY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT, KNOW THE CONTENTS THEREOF, AND SIGN THE SAME OF MY OWN FREE ACT AND WILL; THAT I FULLY UNDERSTAND THE TERMS, CONDITIONS, AND SIGNIFICANCE OF THIS AGREEMENT; THAT I HAVE HAD AMPLE TIME TO CONSIDER THIS AGREEMENT; AND THAT I HAVE EXECUTED THIS AGREEMENT VOLUNTARILY.

Participant's Signature (or Parent's/Guardian's Signature if under 18)	Date
Please Print Participant's/Guardian's Name	Relationship to Participant

Notary Information

On this date the person(s) who are signed above personally appeared before me in my presence and executed this medical release and consent form.

In _____ County, State of _____

Given under my hand and the seal of the office this _____ day of _____, 20_____.

_____ - Notary Public

My commission expires the _____ day of _____, 20_____