**LIABILITY RELEASE FORM**

**PLEASE READ AND FILL OUT ENTIRELY**

**This medical release form is for the 2024 church year. A form must be on file for each minor and adult participating in any event or activity within each church year. Only one form per year is required unless some of your information needs to be updated.**

**-------- PERSONAL INFO --------------------------------------------------------------------------------------**

**Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_**

**-------- EMERGENCY INFO -----------------------------------------------------------------------------------**

**In case of an emergency, notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**Relation to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Tel # \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-------- HEALTH INFO -------------------------------------------------------------------------------**

**Any special health info we should be aware of at DNOW? YES NO (please circle) (this may include food allergies or other health conditions that could affect your child at DNOW)**

**If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous operations or serious illness(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ drug names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insect sting/bites \_\_\_\_\_\_\_\_\_\_\_\_\_\_ poison oak/ivy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Can the participant swim? YES NO (please circle)**

**Any other necessary medical history we should be aware of? List and explain \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(over)**

**The Assumption of Risk and Waiver of Claim And/or Medical Release Liability and Hold Harmless Agreement:**

**In consideration of the participation by the undersigned and/or, other named participant in any given act affiliated or partnered with First Baptist Church Perryville Arkansas submits and/or agrees as follows:**

**I recognize and acknowledge that there are certain risks of physical injury associated with many of the activities sponsored by First Baptist Church Perryville Arkansas and its affiliate programs. I agree to assume the full risk of any injuries (including death), damages or loss (regardless of severity) which I may sustain as a result of participating in any and all activities connected with or associated with the churches of Conway Perry Baptist Association.**

**I agree to waive and relinquish all claims against First Baptist Church Perryville Arkansas and its officers, agents, servants, volunteers, members, and employees I may have as a result of participating in church related programs.**

**I fully release and discharge First Baptist Church Perryville Arkansas and its officers, agents, servants, volunteers, members and employees from any and all claims of injuries (including death), damage or loss (including loss of or damage to personal property) which I may have or which may accrue to me on account of my participation.**

**I fully release and discharge First Baptist Church Perryville Arkansas and its officers, agents, servants, volunteers, members and employees from any and all claims of negligence that may arise from my participation.**

**I fully release and discharge First Baptist Church Perryville Arkansas and its officers, agents, servants, volunteers, members and employees from any intentional acts of other participants or persons associated with the activity or program.**

**I further agree to indemnify, hold harmless and defend First Baptist Church Perryville Arkansas and its officers, agents, servants, volunteers, members and employees from any and all claims from injuries, damages, and losses sustained by myself or others, arising from my participation in the activity or program.**

**In the event of emergency, I authorize First Baptist Church Perryville Arkansas and its officers to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any and all medical services required.**

**I also understand that every effort will be made to contact the listed emergency contact. It is the responsibility of the undersigned to update the emergency contact information as needed. I release and discharge Perryville First Baptist Church and its officers, agents, servants, volunteers, members, and employees of any claim that may result from any failure to contact the listed emergency contact.**

**I release First Baptist Church Perryville Arkansas its officers, employees and/ or members from any liability due to any injury, illness, and or death, which may result from any conditions or circumstances, no matter the event or activity affiliated with First Baptist Church Perryville Arkansas , that the stated is attending during the church year of 2024.**

**Parent or Guardian Signature**

**Signed, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone: (day) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_ (evening) \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**Media Release Form**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian of \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant permission for First Baptist Church Perryville Arkansas to take photos/video of my child during church events and to use these images in church publications, website, and social media.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We respect the fact that you may wish to NOT have photos or video of yourself, or your children under age 18, used for church or ministry purposes. If this is the case, please alert your church leader before your child arrives at camp.**