

# ADULT CONSENT & RELEASE FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

STREET/CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

The undersigned hereby agrees that he will be taking part in \_\_\_\_\_ sponsored by First Baptist Church, Athens, Alabama on \_\_\_\_\_

I am over the age of eighteen and understand and agree that neither the Church nor any of its officers may be held liable in any way for any occurrence in connection with this event that may result in injury, death, or other damages to me or my family, heirs, or assigns. I agree further to save and hold harmless the church and its officers from any claim by me, my family, estate, heirs, or assigns, arising out of my participation in this event.

If I have medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, please try to reach the person listed below. If they cannot be reached, and I am incapacitated, I authorize the Associate Pastor to Students, Kevin Ward, or adult event sponsors to make emergency medical decisions for me.

I intend to exempt and release the church and its officers from all liability whatsoever for personal injury, property damage or wrongful death cause by negligence.

Sworn to and subscribed by \_\_\_\_\_ who produced ID this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Produced Alabama License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

## MEDICAL INFORMATION

In Case of Emergency Notify: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

IMMUNIZATIONS: \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble

\_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ Seizures

\_\_\_\_\_ Other \_\_\_\_\_

ALLERGIES: Food \_\_\_\_\_

(List Type) Penicillin or other drug (name) \_\_\_\_\_

Insect stings/bites \_\_\_\_\_

Poison sumac, oak, or ivy \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Any current medications: (List) \_\_\_\_\_

Special Diet: (Name) \_\_\_\_\_

Childhood Diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Other \_\_\_\_\_