

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 _____