## CENTRAL BAPTIST CHURCH STUDENT MEDICAL FORM AND LIABILITY RELEASE FOR ACTIVITIES FROM JANUARY- DECEMBER 2021

Name		Grade	Birthdate	Age
Address				
City			one	<u> </u>
Parent/Guardian's Name(s)				
	Phone			
Physician's Name				
City			one	
	Student(s)			
HEALTH HISTORY				
Concussion(s), number?	Asthma	Heart Condition	Anaphylactic Re	eactions
Major Surgical Procedure(s)	Diabetes	Frequent Colds	Current Illness	
Allergies	Food	Drug	Epilepsy	
If you checked any of the above, please give	details (i.e., include no	rmal treatment of allergic	reactions)	
Name and dosage of medications				
Swimming Restrictions:NoYes Explain				
Activity Restrictions: No Yes Explain				
Do you have health/medical insurance? Y	es <u>No</u>			
Insurance Company	Po	olicy #	<u> </u>	
Address				
The Church's insurance is only secondary insurar your child is on a church-related activity. <i>Please</i>		-	oilled for medical charges in th	e case of illness or injury while

**CONSENT TO MEDICAL TREATMENT**: In the event a Parent or Guardian cannot be reached in an emergency, I hereby give permission to the physician, dentist or other health care provider selected by the authorized representative of Central Baptist Church to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.

**RELEASE OF LIABILITY AND INDEMNITY**: I understand that the minor/participant will or may participate in multiple events and activities organized by or participated in by the Central Baptist Church Youth Group or any part thereof, its administration, and volunteers. I understand that the minor/participant will engage in physical activities, will be transported in vehicles to and from the Central Baptist Church, will consume food prepared by the church staff and non-church staff volunteers, will sleep in a volunteer host home, or at the church during lock-ins, will participate in races, local, national, and international missions trips, water related activities during which swimming or the ability to swim will be necessary, water and/or snow skiing, be exposed to sunlight, and physically active games such as four square, baseball, softball, football, lultimate Frisbee, and paint ball and other activities and games not listed here. I hereby represent that the minor/participant is in physical condition to participate in these activities. Additionally, Central Baptist Church may make use of equipment owned by volunteers in some activities. This equipment would include, but not be limited to, boats, jet skis, skis, knee boards, tubes, baseball/softball equipment, rope swings, zip lines, and other sports equipment, and electronic equipment. Additionally, Central Baptist Church activities may include bon fires and other events and activities, I hereby release Central Baptist Church, all of its staff and all of the non-church staff volunteers from any and all liability associated, arising out of, or that could arise out of the minor/participant's participation in Central Youth Group events or activities and covenant and represent that I will withhold my minor/participant from any of the events or activities listed above, or other, that I consider to be too dangerous or beyond the physical abilities of the minor/participant at the time of the event or activity. Central Baptist Church reserves the right to refuse to allo

I hereby agree to indemnify and hold harmless and defend Central Baptist Church and each of its employees, officers, representatives and volunteers against any liability, cost, loss, claims and/or actions, including negligence, based upon or sustained in connection with the minor/participant's participation in Central Youth Group events or activities. The undersigned and his/her parents or legal guardian, also undersigned, grant full permission to Central Baptist Church to use any photographs, videotapes, motion pictures, or recordings of or containing minor/participant's likeness, or any other records or documents created by minor/participant during any event or activity and to do so without notice or compensation to the undersigned and/or his/her parents or legal guardian, also undersigned.

## THE UNDERSIGNED UNDERSTANDS THAT THEY ARE SIGNING THIS CENTRAL BAPTIST CHURCH STUDENT MEDICAL FORM AND LIABILITY RELEASE ON BEHALF OF: