

ADULT MEDICAL INFORMATION / PHOTO CONSENT

Adults 18+ years of age

I, _____ am completing this form to allow my participation in Youth & *Vocare* activities, retreats, camps, mission trips, ski trips, weeknight & Sunday evening events and Sunday school during **August 1, 2020 – August 31, 2021** that are sponsored by First Baptist Church, Greenville, South Carolina:

Mailing Address: _____

E-mail address: _____ Cell phone# _____

DOB _____ Age _____ Occupation _____

T-Shirt Size _____

I have completed FBG's Protecting Our Children Program? YES NO

IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Cell #: _____ Other: _____

MEDICAL INFORMATION

Knows how to swim	Y	N
Tetanus shot up to date (include date) _____	Y	N
Any reaction to insect bites/stings	Y	N
Asthma	Y	N
Any reaction to sun/sunburn	Y	N

Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone # _____

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

I certify that the above information is true and correct to the best of my knowledge and will make the Youth Ministry staff of First Baptist Greenville aware of any changes.

Signature

Date

PHOTO PERMISSION

I grant permission for my photo and name to be used on FBG's website and other media outlets.

Signature

Date

Please read and complete Medical Waiver/Authorization and have this form Notarized on reverse side. 

REVISED: 7/15/2020

MEDICAL WAIVER AND AUTHORIZATION FORM

RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY ADULTS AND OR CHAPERONES IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to my participation in the Church sponsored activity described in the accompanying **CONSENT FORM, MEDICAL INFORMATION & COVENANT** and in consideration for my being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, or a legal representative, could possibly have against First Baptist Church, Greenville, South Carolina, the ministers, the staff, or Church members which arise out of, or relate to, my participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. I **release** First Baptist Church, its ministers, staff, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**. This release specifically covers and **releases** any and all claims against First Baptist Church, its Pastors, employees, and Church members for their own negligence.
2. I agree, and I hereby bind my estate, to **indemnify** First Baptist Church, its Pastors, employees, and Church members against any claim by me, or by my spouse, or by a legal representative, or by any third party which relates to, or in any way arises out of my participation in the Church sponsored activity described in the **CONSENT FORM, MEDICAL INFORMATION & COVENANT**, including any costs or attorneys' fees which are incurred by them.
3. I assume any risks and hazards incident to my participation in this activity.
4. I further authorize First Baptist Church, its ministers, staff, or Church members to furnish me with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for me. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to me or to reimburse First Baptist Church for this medical care.

Participating Adult Name: _____

Signature

Date

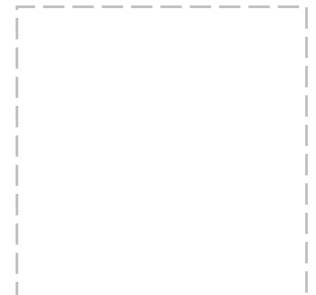
NOTARIZED PERMIT

Subscribed and sworn to before me this ____ day of _____, 20__

Notary Public in and for the County of _____, and the State of _____.

My Commission Expiration Date

Signature of Notary Public



Sponsoring Staff Members:

Mary Carol Anderson, Minister of Youth and Recreation
#370-2515 x126

Will Raybon, Assistant Minister of Youth and Recreation
#370-2515 x133

Sarah Carter, Youth Ministry Assistant
#370-2515 x139