

**OLIVE BAPTIST CHURCH STUDENT MEDICAL FORM AND LIABILITY RELEASE
2019 CALENDAR YEAR ACTIVITIES**

Name _____ Birthdate _____ Age _____
Address _____
City _____ Zip _____ Phone _____
Parent/Guardian's Name(s) _____
In Emergency, notify _____ Phone _____
Physician's Name _____
City _____ Zip _____ Phone _____

HEALTH HISTORY

___ Concussion(s), number? _____	___ Asthma	___ Heart Condition
___ Anaphylactic Reactions	___ Frequent Colds	___ Diabetes
___ Major Surgical Procedure(s)	___ Epilepsy	___ Current Illness
___ Allergies ___ Food ___ Drug		

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions)

Name and dosage of medications _____

Swimming Restrictions: ___ No ___ Yes Explain _____

Activity Restrictions: ___ No ___ Yes Explain _____

Do you have health/medical insurance? ___ Yes ___ No

Insurance Company _____ Policy # _____

Address _____ Phone# _____

The Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on a church-related activity. *Please attach a copy of your Insurance card.*

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 Olive 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 Olive 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 Olive 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, ultimate 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, Olive 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, Olive Baptist Church activities may include bon fires and other events and activities that are inherently dangerous. As an inducement for Olive Baptist Church to allow my minor/participant participate in the these youth group events and activities, I hereby release Olive 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 Olive 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. Olive Baptist Church reserves the right to refuse to allow any minor/participant to participate in any event or activity for any reason or for no reason in its sole discretion. Further, I hereby agree to indemnify and hold harmless and defend Olive 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 Olive Youth Group events or activities.

The undersigned and his/her parents or legal guardian, also undersigned, grant full permission to Olive 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 UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL FORM AND LIABILITY RELEASE OLIVE BAPTIST CHURCH YOUTH GROUP ON BEHALF OF:

NAME OF MINOR/PARTICIPANT

PARENT OR LEGAL GUARDIAN'S SIGNATURE

TO BE NOTARIZED

State of _____ County of _____

On _____ before me the undersigned, a Notary Public in and for said state, personally appeared _____

personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

WITNESS my hand and official seal.

Signature _____ Name _____