

Release/Waiver Form 2019

Medical Release

Name of Participant _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Name of Parent/Guardian (if applicable or who to contact in case of emergency) _____

Phone _____ Cell Phone(s) _____

Medical and Insurance Information _____

Family Insurance _____

Company Policy # _____

Family Physician _____

Phone _____

Check applicable box and give appropriate information below if you know:

- | | |
|---|---|
| <input type="checkbox"/> None _____ | <input type="checkbox"/> Heart Trouble _____ |
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Kidney Trouble _____ |
| <input type="checkbox"/> Insects _____ | <input type="checkbox"/> Sinusitis _____ |
| <input type="checkbox"/> Medicines _____ | <input type="checkbox"/> Stomach Upset _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bronchitis _____ | <u>Immunizations: (If known)</u> |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Tetanus: Date received _____ |
| <input type="checkbox"/> Dizziness _____ | <input type="checkbox"/> Typhoid: Date received _____ |
| | <input type="checkbox"/> MMR: Date received _____ |

Permission (if applicable)

I, _____ (Participant or parent/guardian), hereby give permission for _____ (myself / or name of student) to travel with Fruitland, Saluda Baptist, Bald Mountain and other surrounding Churches to Sutton (and surrounding area), WV during the following dates of approximately June 28 – July 6, 2019.

- I do hereby verify that the information above is correct and grant permission for the church(es) to obtain medical attention in case of sickness or injury to myself / student.
- I hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by the church(es) for the welfare of myself / student until you are able to reach/communicate with me personally or next of kin.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church(es), the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to myself / student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting myself / student to and from the activities.
- I agree to provide medical insurance for myself or my student.

Initial _____ (continue to next page)

Waiver of Liability

As participants with this trip to Sutton (and surrounding area), WV, I wish to make it clear that I will not expect any organizations with which I may work or be associated with to be responsible or liable to me for any loss or damage to my property, any personal injury of illness or any other injuries or damage I may suffer. I hereby verify that I am covered with insurance. Therefore, as a result of Adopt-a-School, Beautification projects, construction (ramps, remodeling, painting, etc.) for the Serving in WV Effort, Block Parties, Sports Camps/Clinics, Servant Evangelism and other related ministries in consideration of my assignment with Serving in WV and for other goods and valuable consideration, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby release the NAMB (North American Mission Board), SBC, Fruitland Baptist Church, Bald Mountain, Saluda Baptist Church or any other affiliated church, ARM (Appalachian Regional and Coalfield Ministries), any state department/conventions, any local association, any local church, or other place of Christian ministry or any employee of the foregoing organizations, from any and all such claims or demands.

Photo Release

For and in consideration of participation in this trip to Sutton (and surrounding area), WV, I hereby give Fruitland, Saluda Baptist Church, Bald Mtn and any other affiliated church, NAMB/ARM/ACM the absolute, unconditional, and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I am are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after Serving in WV and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy, and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution, or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold Fruitland Baptist Church, Bat Cave, Saluda Baptist, Bald Mtn or other affiliated church, NAMB/ ARM/ACM harmless and fully indemnify Fruitland Baptist Church, NAMB/ARM/ACM from and against any and all Claims arising by virtue of any production, alteration, use, distribution, or disposition thereof, and from and against all Claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and from any and all Claims for violation of any personal and all proprietary rights of that I may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

Participants Signature

Date

Parental Signature (if volunteer is under 18 years)

Date

Notary

On this _____ day of June, 2019, _____ (Participant or parent/guardian) personally appeared before me in Henderson County, in the state of North Carolina, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of June, 2019.

My commission expires _____.

Signature Notary Public _____