

# Reach Rowan Medical Release/Participant Form

**NOTE:** All trip participants and leadership must complete this form and have it notarized to be eligible to participate in this event. Youth must have the signature of a parent. This form includes a Medical Release and Model Release. ALL SECTIONS MUST BE COMPLETED FOR ELIGIBILITY.

**Trip Location:** Rowan County, NC **Date:** July 17-22, 2010

## PARTICIPANT INFORMATION (please print legibly)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex \_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Grade (Youth): \_\_\_\_\_  
Your Church: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
In Case of Emergency, please contact: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve: \_\_\_\_\_  
Years of Door-to-Door experience (circle one): 0    1    2    3    4    5

## MEDICAL PROFILE

Generally, my health is (check one)     Excellent     Good     Fair     Poor  
If FAIR or POOR, please explain your condition: \_\_\_\_\_  
List any medical difficulties for which you are CURRENTLY being treated: \_\_\_\_\_  
List any medications you are CURRENTLY taking: \_\_\_\_\_  
List any medicines or substances to which you are ALLERGIC: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Address: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Subscriber Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

## AUTHORIZATION FOR TREATMENT

I, the undersigned, do for myself (for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital/medical facility staff to administer medical care if deemed necessary by the Trip Coordinator and/or the treating physician or hospital staff during this event, without additional permission from the undersigned. I further give permission to an authorized adult supervisor for basic first aid for minor cuts and scrapes and dispensing of Tylenol or Ibuprofen as deemed necessary. I assume personal responsibility for all medical bills (for myself or for my child under 18 years of age) and do certify that I have secured primary medical insurance (for myself or for my child under 18 years of age). Further, should it be necessary for me (or my child under 18 years of age) to return home due to medical reasons, for disciplinary action, or otherwise, I hereby assume responsibility for all transportation costs.

## RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (and for and on behalf of my child under 18 years of age) hereby release, indemnify, and forever hold harmless the officers, directors, employees, and agents of the Rowan Southern Baptist Association from any and all claims, demands and causes of action for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself (or my child under 18 years of age) including, without limitation, all personal injury, sickness, death, property damage and expenses arising out of the negligence of participant. I FULLY UNDERSTAND AND AGREE THAT THIS PROJECT REQUIRES THAT PARTICIPANTS BE WILLING TO ACTIVELY SHARE THE GOSPEL OF JESUS CHRIST BY MEANS OF DOOR-TO-DOOR NEIGHBORHOOD INQUIRY AS WELL AS OTHER REASONABLE MEANS.

## PHOTOGRAPHIC AND REPORGRAPHIC RELEASE

By signing this document the participant hereby gives the Rowan Southern Baptist Association, its licensees, successors, legal representatives and assigns the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish, photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, or every description and/or any lawful purpose whatsoever. The participant also consents to the use of any printed matter in conjunction therewith. The participant also waives any right to inspect and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to save harmless these churches, their licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

## PLEASE COMPLETE AND SIGN BELOW (YOUTH 18 & UNDER REQUIRES PARENT/CUSTODIAL SIGNATURES)

**Each person signing below acknowledges having read this release and understanding all of its terms and their significance, and states that this release is signed and delivered voluntarily.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father/Custodial Parent Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother/Custodial Parent Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## NOTARY PUBLIC

On this \_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_, personally appeared before me \_\_\_\_\_, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.  
My commission expires on \_\_\_\_\_. \_\_\_\_\_ **Notary Public**