

Abbe Road Baptist Church

Activity Permission, Release & Emergency Medical Treatment Form

Please complete for *all* minors (age 17 and under)

(This form may also be used to provide medical information and emergency contact information for adult participants in Abbe Road Baptist Church ministries, programs or events.)

Participant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

E-mail: _____

Birthdate: _____ Age: _____ Grade: _____

Understanding of Programs & Activities

By permitting my child to participate in programs and events conducted by Abbe Road Baptist Church, I acknowledge that I have had the opportunity to inquire and have made myself satisfactorily familiar with the activities of such programs and events, including games and other physical activities. I understand the risks associated with these activities, including, by way of example, physical injury due to accidents (including transportation-related accidents), illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this form, I expressly warrant that I am (or my child is) capable of withstanding both the physical and mental demands of the activities in the program or event, subject to any restrictions or limitations written below. I expressly assume all risks of participating in these activities, whether known or unknown to me at this time. I further release Abbe Road Baptist Church and its ministers, leaders, employees, volunteers, and agents (collectively "ARBC") from liability for, and agree to indemnify and hold ARBC harmless from any claims, including claims by any spouse, family, heirs, administrators, representatives, insurers, or assigns as the result of injury, illness, or death arising out of participation in the program or event, including (without limitation) any claims of negligence or breach of warranty.

First Aid and Emergency Medical Treatment

In the event my child needs first aid or emergency medical treatment as a result of any accident, injury, illness, or other health condition during the program or event, and if ARBC is unable to timely communicate with me or any alternate emergency contact, I hereby give permission for ARBC to provide or obtain such medical attention or treatment, including hospitalization, as ARBC deems necessary, and I agree to pay all fees and costs arising from such medical treatment. I give permission for all medical personnel to administer any needed medical treatment, including surgery and I agree to pay for such medical treatment.

Photography/Video Release

I acknowledge that video and photographs may be taken at Abbe Road Baptist Church events, and I agree to allow any images of me or my child to be used by ARBC for non-financial promotional purposes.

(Revised July 2013)

Emergency Contact Information

Emergency contact (parent / guardian): _____

Phone: (____) ____ - _____ Relationship to child: _____

Secondary emergency contact: _____

Phone: (____) ____ - _____ Relationship to child: _____

Medical Information

Allergies: _____

Medications: _____

Dietary Needs: _____

Other Conditions: _____

Activity Limitations

(IF NONE, PLEASE INITIAL HERE: (____))

Health Insurance Information

Insurance Company: _____ Phone: (____) ____ - _____

Policy number: _____

Medical Doctor: _____ Phone: (____) ____ - _____

Hospital: _____ Phone: (____) ____ - _____

Any other pertinent information regarding the person named on this form:

I represent that I am the parent/guardian of _____, who is under 18 years of age. **I have read the above form and am fully aware of its contents.** I give permission for the child named above to participate in the activities of Abbe Road Baptist Church, including any special events. In consideration of my child's participation in the activities of Abbe Road Baptist Church, I hereby consent to the Permission, Release & Emergency Medical Treatment Form on behalf of the child, and I agree that this form shall be binding upon me, the child and our respective families, heirs, legal representatives, successors, and assigns.

Printed Name of Parent / Guardian

Signature of Parent / Guardian

Date: _____