

First Baptist Church, Leesburg

P.O. Box 1009
Leesburg, GA 31763

Adult Medical Release Form / Permission to Treat (Please print legibly in black or blue ink.)

Personal Information:

Name _____ Name to be called _____

Gender _____ Date of Birth ____/____/____

Address _____ City _____

State _____ Zip _____ Phone # _____

E-Mail address: _____

Emergency Information:

Primary Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Number _____

Secondary Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Number _____

Insurance Information:

***Attach a copy of your insurance card/prescription card to this form. (If none, provide signed sheet stating this.)**

Insurance Co. _____ Policy # _____

Group # _____ Cardholder _____ Relationship _____

Place of Employment _____ Occupation _____

Insurance Co. Address _____

Phone # _____

Personal Medical Information: I understand that I am responsible for informing the church of any changes pertaining to this form that occur in a timely manner.

Generally, participant's health is (check one) _____ Excellent _____ Good _____ Fair _____ Poor

If fair or poor, please explain participant's condition _____

List any medical difficulties for which you are currently being treated: _____

Circle any of the following that may cause you problems and explain:

Asthma	Sensitive Skin	Dizziness	Frequent-Sore-	Ear Infections	Blood Pressure
Sinusitis	Kidney trouble	Fainting	Throat	Hearing Aid	Epilepsy
Bronchitis	Heart trouble	Stomach-Upset	Wear Contact	Sleep Walking	
Hay Fever	Diabetes	Frequent Colds	Lenses	ADD/ADHD	

Other: _____

Use bottom & back of form if more room is needed

Circle any of the following you are Allergic to: Peanuts/Nuts Milk Eggs Grass Bees/Wasp Insects Latex

Other _____

List any medicines to which you are allergic to or have had adverse reactions: _____

List any medications you are currently taking _____

List any previous operations or serious illnesses _____

List any special diet or special needs _____

Date of last Tetanus Immunization ____ / ____ / ____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Permission for Medical Treatment, Photograph/Video Notice, Vehicle permission

My permission is granted for the Leesburg First Baptist employee or volunteer present to obtain necessary medical attention in case of sickness or injury. Also, I understand that as a participant, I may be photographed or videotaped during church activities and these photos/videos may be used in promotional materials. I understand, there may or may not be a certified life guard present in the event I go swimming. _____ (*Initial here*)

Release, Waiver and Indemnity Agreement

By signing this Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of said activities. I also expressly assume all risks by me participating in the activities, whether such risks are known or unknown to me at this time. I further release First Baptist Church, Leesburg, and its ministers, leaders, employees, volunteers, drivers, and agents from any claim that I may have or that I may have against them as a result of injury, illness or death incurred during the course of participation in any activity. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have First Baptist Church, Leesburg or its ministers, leaders, employees, volunteers, drivers, or agents. I further agree to indemnify and hold harmless First Baptist Church, Leesburg and its ministers, leaders, employees, volunteers, drivers, or agents from any and all claims arising from participation in its activities and programs, or as a result of injury, illness or death.

For, and in consideration of my observing, or using any facility or equipment of First Baptist Church, Leesburg, or engage in and/or receive instruction in any activity or activity incidental thereto including, but not limited to, vehicular transportation in church or privately owned means of transportation, to and/or from any destination or church event, in the state of Georgia and out of the state of Georgia, I hereby voluntarily and absolutely release, discharge, waive, and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death as a result of same observing or using facilities, equipment, or vehicular transportation in church or privately owned means of transportation.

By signing this form I agree to adhere to the rules and regulations set forth by First Baptist, Leesburg or its ministers, leaders, employees, volunteers. I understand that any damages incurred by me due to my actions will be my responsibility. I further understand that this may include my returning home with any expense incurred my responsibility. _____ (*Initial here*)

I, the undersigned, do hereby verify that the above information is correct. I agree to indemnify First Baptist Church for any and all claims, demands, damages, injuries, costs, suits, or property leased or owned by First Baptist Church.

Complete and sign below

Participant's Signature _____ Date ____/____/____

Phone (____) _____

Notary Acknowledgement

State of _____ }

County of _____ }

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposed therein contained.

Witness my hand the _____ day of _____, 20_____.

Notary Signature: _____

My Commission expires: _____