

FBC of Cairo Student Ministry Release Form

Retreat/Event Destination _____
Participant Name _____
Address _____
In case of emergency notify: _____
Work: _____ Mobile: _____ Other: _____

Medical Profile

Generally, Participant's Health is: (Check One) ___ Excellent ___ Good ___ Fair ___ Poor
If Fair or Poor, please explain the condition: _____

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

List any medications you are currently taking: _____

Family Physician: _____ Phone: _____
Insurance Co. _____ Policy # _____
Subscriber Name: _____ Subscriber # _____ Place of Employment: _____
Subscriber Occupation: _____ Work Phone: _____

Permission For Medical Treatment and Photography/Video Notice and Release

My permission is granted for the church, church official, or adult present or in charge to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal retreat or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and do hereby release and forever discharge First Baptist Church of Cairo, the Grady County Baptist Association, event sponsor, the Retreat Venue and their employees from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this event.

Participant's Signature _____ Date: ___/___/___
Parent/Guardian Signature _____ Phone: _____ Date ___/___/___

Notary Acknowledgement

State of _____
County of _____

On _____ before me, _____ Notary Public personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: _____
My commission expires: _____