First Baptist Church of Oak Grove
3:12 student Ministries

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RELEASE FORM

Name _____ Age _____ Date of Birth ___/___/____ SS#_____
Address _____ City _____ State _____ ZIP _____
Home Phone _____-_____-_____ Mobile Phone ____-____-_____ Text Message (Circle): Y / N
E-Mail _____@_____
Emergency Contact _____ Phone Numbers - Home _____ - _____-_____
Work ____-____-_____ Mobile ____ - ____ - _____ Other ____-____-_____ Text Message (Circle): Y / N
Secondary Contact _____ Phone Numbers - Home _____ - _____-_____
Work ____-____-_____ Mobile ____ - ____ - _____ Other ____-____-_____ Text Message (Circle): Y / N

MEDICAL PROFILE

Generally, participant's health is: (Check One) ____Excellent ____Good ____Fair ____Poor
If Fair or Poor, please explain condition:_____
_____
List any medical difficulties for which you are currently being treated: _____
Check any of the following that cause you problems and explain:
____Asthma ____Sinusitis ____Bronchitis ____Kidney Disease ____Heart Disease ____Diabetes
____Dizziness ____Stomach Upset ____Hay Fever ____RSD ____Other:_____
List any medicines or substances to which you are Allergic:_____
List any previous operations or serious illnesses: _____
List any medications you are currently taking: _____
_____
List any special dietary or special needs: _____
Childhood Diseases: ____Chicken Pox ____Measles ____Mumps ____Whooping Cough ____Other:_____
Date of last Tetanus Immunization: ____/____/_____
Family Physician _____ Phone ____ - ____ - _____
Insurance Co. _____ Policy # _____
Subscriber Name _____ Subscriber No. _____
Place of Employment _____ Occupation _____
Work Phone ____ - ____ - _____ Preferred Hospital (KC Metro Area) _____

PERMISSION & RELEASE

I, the undersigned Parent/Guardian and/or participant, as applicable, hereby:

A. Permission for Medical Treatment: Grant permission for the church staff, church representative or any adult present responsible for first aid, to obtain necessary medical attention in case of sickness or injury to me or my child, as applicable, and hereby give permission for medical personnel to administer medical care to me or my minor child, as applicable, as necessary.

B. Release and Indemnity: Acknowledge and agree that, in consideration for Participant's ability to participate in the events of First Baptist Church of Oak Grove, Missouri, I do for myself (or for and on behalf of my minor child, under 18 years of age, as applicable) release and forever hold harmless the staff, administration and representatives of First Baptist Church of Oak Grove ("Released Parties"), Missouri from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in any events occurring under the supervision of First Baptist Church of Oak Grove. I further assume full personal responsibility for any loss of or damage to property incurred to caused by me or my minor child or by any other cause. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the "Released Parties" from any and all claims and demands for personal injury, sickness and death as well as property damage and expenses of any nature whatsoever incurred or caused by me or my minor child.

SIGNATURES (PARTICIPANTS UNDER 18 YEARS OF AGE REQUIRE PARENT/LEGAL GUARDIAN SIGNATURE)

Participant's Signature _____ Date ____/____/_____

Parent/Legal Guardian's Signature _____ Date ____/____/_____

CERTIFICATE OF ACKNOWLEDGEMENT OF A NOTARY PUBLIC

State of _____)
) ss
County of _____)

I, the undersigned, a notary public, whose commission by the above state expires on _____, do hereby certify that the above named signatory(ies), determined by me to be the same person(s) whose name(s) is(are) subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged having signed said instrument as the free and voluntary act of said signatory(ies) for the uses and purposes therein set forth. This certification is given under my hand and Notarial Seal this _____ day of _____, 2010.

_____
Notary Public