

MEDICAL AND LIABILITY RELEASE FORM

FIRST BAPTIST CHURCH, JACKSON, MISSISSIPPI

NOTICE: THIS MEDICAL AND LIABILITY RELEASE FORM IS A TWO-PAGE FORM AND EVERY PARTICIPANT MUST HAVE A COMPLETED AND SIGNED FORM (BOTH PAGES) TO TURN IN AT OR BEFORE THE EVENT IN ORDER TO PARTICIPATE

FIRST BAPTIST JACKSON EVENT: _____

Child's Name _____

School _____ Grade _____

Birthdate (Month, Day, Year) _____ Age _____

Address _____

City, State, Zip _____

Social Security # _____ - _____ - _____

Parent or Legal Guardian _____

Home Phone (____) _____ Mobile/Cell Phone(____) _____

In Emergency, notify _____

Phone (____) _____ Alternate Emergency Phone (____) _____

Name of your Physician _____

City, State, Zip _____ Phone (____) _____

LIABILITY RELEASE: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above listed Event ("Event") to be conducted by First Baptist Church, Jackson, Mississippi. (hereinafter "FBCJ"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless FBCJ, the Hosting site on whose premises the Event will occur (hereinafter the "Location"), and the respective directors, officers, representatives, members, agents, employees, staff and volunteers of FBCJ and their respective affiliates (hereinafter collectively "Releasees") from any and all liability caused by negligence of the Releasees for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the Location for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ **Date:** _____

HEALTH HISTORY, CONDITIONS, MEDICATION(S) AND ACTIVITY RESTRICTIONS:

I acknowledge that Minor suffers from the following conditions:

Insect Allergies

Drug Allergies

Other Allergies

Frequent Colds

Heart

Athsma

Physical Handicap

Epilepsy

Hay Fever

Frequent stomach upsets

Diabetes

Seizures

Other (fully describe below)

If you checked any of the above, or if Minor suffers from a condition that is not specifically listed, describe the condition and provide details (i.e., include normal treatment of allergic reactions):

Date of last tetanus shot: _____
Swimming Restrictions: ___ No ___ Yes. Explain: _____
Activity Restrictions: ___ No ___ Yes. Explain: _____

Medications: I represent that any medications to which Minor is allergic are listed below.

I represent that the medications that Minor is currently taking are listed below by name and dosage. I agree that Minor shall bring all medications that Minor is currently taking with him / her to the Event and that authorized representative of FBCJ has permission to dispense the prescribed dosage of such medications as directed. Medications and Prescribed Dosage:

Insurance: Do you have health/medical insurance? ___ Yes ___ No
If "yes", Name of Co.: _____ Policy # _____ Group # _____
Address: _____ City, State. Zip _____ Phone: _____

MEDICAL RELEASE/AUTHORIZATION TO MAKE HEALTH CARE DECISIONS: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize FBCJ to obtain necessary medical treatment for Minor (including but not limited to hospitalization, injections, medication, anesthesia, and surgery) by any physician, dentist or other health care provider selected by the authorized representative of FBCJ and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further acknowledge that FBCJ shall act as the personal representative for Minor for purposes of the HIPAA privacy rule, for the purpose of making any health care decisions and for purposes of access to protected health information necessary in relation to the Event.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read and completed this Medical and Liability Release Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Medical and Liability Release Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Medical and Liability Release Form constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ **Date:** _____

STATE OF MISSISSIPPI
COUNTY OF _____

Before me, a notary public, on this day appeared _____ known to me to be the person whose name is subscribed to the foregoing document and being by me duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, AD. _____.
Notary Public Signature _____ **my commission expires** _____
Notary Public typed or printed Signature _____

Please send this form back to First Baptist Jackson P.O. Box 250 Jackson, MS 39205