

2021 Arrow Heights Baptist Church Adult Medical/Permission Release Form

Personal Information:

Name _____ Age _____ Sex _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

In Case of Emergency Notify _____ Phone _____

Primary Care Physician _____ Phone _____

Insurance Information:

Insurance Company Name _____ Policy Number _____

Insured Name _____ Relationship to Insured _____ Group Number _____

Immunizations:

_____ tetanus _____ polio booster _____ measles _____ mumps

Past Medical History:

- asthma sinusitis bronchitis kidney trouble diabetes heart trouble dizziness
 upset stomach hay fever chickenpox measles mumps whooping cough other

List other _____

Allergies/Medications:

Food _____
 Penicillin or other drug (name) _____
 Latex or other allergy _____
 Insect stings/bites _____
 Poison sumac, oak or ivy _____
 Previous operations or serious illness _____
 Special diet (name) _____

List any "current" or "as needed" medications:

* Medication	Dose	Time	Reason

Permission for Treatment and Release:

In consideration for my participation in one or more Church activities, I release and agree to hold harmless and indemnify ARROW HEIGHTS BAPTIST CHURCH and its directors, officers, employees, and agents (collectively, "the Church") from and against all liability for any injury, loss of personal property, or other harm experienced by myself at or in connection with any Church activity. This releases of liability applies in all instances, included without limitation, transportation to and from any Church activity and instances in which I feel that the Church was negligent. In other words, I will not sue the Church for any claim or cause of action related directly or indirectly to any of my Church activities. By signing this agreement, I give my permission for medical attention in the event of any emergency. *It is my responsibility to provide current and correct insurance information to Arrow Heights office and my responsibility to update such information should it change within the year.*

I hereby allow photographs and video of my participation in ARROW HEIGHTS BAPTIST CHURCH to be published via print, video, or website which are affiliated with ARROW HEIGHTS BAPTIST CHURCH. I understand that publication may be accomplished electronically via the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against ARROW HEIGHTS BAPTIST CHURCH from the un-consented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material. This Medical/Permission Release form will be valid until December 31, 2021.

Signature _____ Date _____

Printed Name _____