

# Cedar Falls Baptist Church Participant Form

Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_ Grade: \_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In Case of Emergency, contact (must be family member—list 2):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

## Medical Profile

Generally, my health is: (Circle One)      Excellent      Good      Fair      Poor  
If Fair or Poor, please explain your condition: \_\_\_\_\_  
List any medical difficulties for which you are CURRENTLY being treated: \_\_\_\_\_  
List any medication you are CURRENTLY taking: \_\_\_\_\_  
List any medicines or substances to which you are ALLERGIC: \_\_\_\_\_  
Family Physician: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
Date of **Tetanus Immunization**: \_\_\_/\_\_\_/\_\_\_  
Insurance Company: \_\_\_\_\_ Policy or Group # \_\_\_\_\_  
(attach copy of insurance card)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Subscriber Occupation: \_\_\_\_\_ Work ph: \_\_\_\_\_

## Authorization for Medical Treatment

For myself and for and on behalf of my participant child under 18 years of age ("Participant"), I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatments, and administer medications to Participant as deemed necessary by a physician and our Cedar Falls Baptist Church Ministry Leader during the Cedar Falls Baptist Church Ministry events including, but not limited to trips, camp, mission projects, and conferences.

## Release of All Claims

For and in consideration of participation in all Cedar Falls Baptist Church Ministry events from [January 2, 2012 through January 1, 2013](#), for myself and Participant I hereby acknowledge that we understand that risks, including inherently dangerous risks, are associated with the Cedar Falls Baptist Church Ministry events ("Risks"), and we hereby assume all such Risks, and for myself and Participant I hereby release Cedar Falls Baptist Church, Inc. and all of its agents, employees, Officers and Directors, including all Cedar Falls Baptist Church staff, and their respective licensees, successors and assigns (collectively herein, "CFBC"), from any and all Risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights to my and Participant's image(s) (collectively herein, "Claims"), and hereby hold CFBC harmless and agree to fully indemnify CFBC from and against any and all Claims. I hereby personally assume full responsibility for any and all Claims and for any and all hospital and medical bills for myself and Participant.

## Consent to Use and Publication of Image

For and in consideration of participation in the Cedar Falls Baptist Church Ministry events, for myself and Participant I hereby give CFBC the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Cedar Falls Baptist Church Ministry events, and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy, and sound tracks that may be used in connection therewith, and waive all rights to control any aspect on any production, alteration, use, distribution, or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold CFBC harmless and full indemnify CFBC from and against any and all Claims arising by virtue of any production, alteration, use, distribution, or disposition thereof, and from and against all Claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all Claims for violation of any personal and all proprietary rights of that I or Participant may have or may claim to have in connection with such images and with the production, alteration, use distribution, and disposition thereof.

**Please complete and sign below (youth under 18 years of age requires parent/custodial signature)**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Notary Public

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness me hand and official seal this date (\_\_\_/\_\_\_/\_\_\_).

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_/\_\_\_/\_\_\_

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