

# ADULT MEDICAL/LIABILITY RELEASE FORM

SOUTH MAIN BAPTIST CHURCH

4300 E Sam Houston Pkwy S, Pasadena, TX 77505 – (281) 487-8200

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M/F): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Day Time \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## INSURANCE INFORMATION

Medical Insurance Co.: \_\_\_\_\_

Policy Number or Group Number: \_\_\_\_\_

If necessary to verify coverage, call: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## GENERAL HEALTH INFORMATION

List any health information that would be relevant to an attending physician in the case of an emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Chronic or Recurring Illnesses or Diseases: \_\_\_\_\_

\_\_\_\_\_

List any Food, Medicine, or other Significant Allergies: \_\_\_\_\_

\_\_\_\_\_

Are you subject to: fainting spells? \_\_\_\_\_ heart trouble? \_\_\_\_\_ sleepwalking? \_\_\_\_\_ epilepsy? \_\_\_\_\_

Have you had appendix out? \_\_\_\_\_ Are you a diabetic? \_\_\_\_\_

Are you a: \_\_\_\_\_ NON-Swimmer \_\_\_\_\_ a Fair Swimmer \_\_\_\_\_ a Good Swimmer

I, do hereby release, acquit, hold harmless and forever discharge SOUTH MAIN BAPTIST CHURCH (henceforth referred to as SMBC), its agents, servants, and employees, and all persons, natural or corporate, in privities with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by myself while participating in any activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of SMBC, for any and all activities.

I hereby give and grant unto any licensed medical doctor or hospital my consent and authorization to x-ray or rend such aid, treatment or care to myself as in the judgment of doctor or hospital, may be required, on an emergency basis, in the event I should be injured or stricken ill while participating in an SMBC sponsored event. It is further understood that any expense incurred will be paid for by insurance or me.

I also understand that if I need to be sent home for any reason (i.e. illness, injury), I will be responsible for any and all expenses incurred.

I understand SMBC produces promotional material about its events. I understand I may be included in video or photographs taken at events. I hereby grant SMBC the right to photograph and/or video tape myself and further utilize my name, face, likeness, voice and appearance as part of the event and in advertising and promoting future events, without reservation or limitation. In granting this license, I understand that SMBC is under no obligation to exercise any of its rights, license and privileges herein granted by myself. (If you do not want to grant permission for your appearance in promotional material, please mark through this entire paragraph and initial in the following blank: \_\_\_\_\_)

I hereby agree to and understand all information listed on this form. Should any of the information change, I understand it is my responsibility to notify the church office.

Unless terminated in writing, this release shall be effective for one year from the date signed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Name: \_\_\_\_\_