

SABC Medical Release Form 2018

Name _____ Age _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent(s) work &/ or cell phone _____

Emergency contact info (other than parents) _____

List any special diet or special needs: _____

Family Physician _____ Phone _____

Insurance Co. _____ Policy # _____

Subscriber Name _____ Subscriber Number _____

Place of Employment _____ Subscriber Occupation _____

***Please provide a copy of your insurance card with this form.**

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

I, undersigned, do hereby give permission for my child to attend and participate in activities sponsored by Sunset Avenue Baptist Church for the calendar year **January 1, 2018 -- December 31, 2018**. My permission is granted for the trip/activity director, church official or representative, any camp or event staff, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child.

Also, I understand that as a participant, my child may be photographed or videotaped during normal trip or event activities and these photo/videos may be used in promotional materials.

I, undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Sunset Avenue Baptist Church, trip/activity sponsors or leaders from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in this trip/activity, I agree to indemnify Sunset Avenue Baptist Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this trip/activity or while on property leased or owned by Sunset Avenue Baptist Church.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature _____ Date ____/____/____

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

Notary Acknowledgement

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 my hand and seal this date (____/____/____)

Notary Public

(over)

SABC Participant Agreement

Carefully read through the list of expectations below.

Sign and date the form as a pledge of your commitment to help insure a great experience for everyone.

While participating in a Sunset Avenue Baptist Church (SABC) activity, I agree...

1. **NOT to use tobacco products, alcoholic beverages, or non-prescription drugs.** I will notify an SABC adult of any prescription drugs I will be using during the trip/activity.
2. **NOT to have possession of or use any fireworks, firearms, knives, or weapons of any other kind.**

I understand that possession of drugs, alcohol, tobacco products, or any weapons, etc. will result in my dismissal from the trip/activity at my/my family's expense.

INITIALS: _____

3. **NOT to have possession of any pornographic material of any kind.**
4. **NOT to engage in any public display of affection. (Ex. Holding hands, kissing, arms around, sitting on laps, etc.)**
5. **NOT to use profane, suggestive, degrading, or any other type of inappropriate language.**
6. **TO participate in all activities to the best of my ability with a positive attitude.**
7. **TO stay in designated activity areas.** I agree to stay with the group or with smaller groups of a designated number determined by the leader at all times. I understand that I cannot leave the activity premises or lodging location without the permission of the trip/activity leader. I agree to stay out of areas designated to be off limits. Note: Girls should not be in boys' rooms, and boys should not be in girls' rooms.
8. **TO be on time for all check-in times as designated by the leader.**
9. **TO respect the privacy of others.** I understand that others' possessions must not be tampered with or taken. I expect others to grant the same measure of respect to my privacy and possessions.

INITIALS: _____

Participant's Signature _____ Date ____/____/____

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