

Brazos Meadows Baptist Church
REGISTRATION AND RELEASE FORM

PARTICIPANT _____ PARENT/GUARDIAN _____

ADDRESS/ CITY/ ZIP _____

DAY PHONE /EVENING PHONE _____

ACTIVITY _____ FEE (if applicable) _____

It is understood and agreed that the undersigned, his heirs, executors, administrators and assigns do hereby release Brazos Meadows Baptist Church, its officers, agents and employees from any and all actions, claims, demands, suits, causes of action, or judgments which I ever had, now have, or may claim to have against Brazos Meadows Baptist Church, its officers, agents, or employees arising out of or in any way connected with participation in Brazos Meadows Baptist Church, sponsored or co-sponsored activities including but not limited to any game, practice, exercise, workout or special activity, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the

acts, or omissions, or negligence

of Brazos Meadows Baptist Church, its officers, agents, and employees.

I further agree to hold harmless Brazos Meadows Baptist Church, its officers, agents and employees from all claims, demands, suits, causes of action, or judgments which the participant ever had, now has, or may have in the future or which the participant's heirs, executors, administrators or assigns may have, or claim to have against Brazos Meadows Baptist Church, its officers, agents and employees arising out of or in any way connected with participation in Brazos Meadows Baptist Church sponsored or co-sponsored activities or while traveling to or from any place at which such activities will be conducted, for all personal injuries, known or unknown, or property damages caused by the

acts, omissions, or negligence

of Brazos Meadows Baptist Church, its officers, agents, and employees and on Brazos Meadows Baptist Church's behalf and in Brazos Meadows name, defend at my own expense any such claims, demands, suits, causes of action or judgments described above.

I also agree to be responsible for any property damage or personal injuries that the participant may cause by his/her intentional and negligent acts while participating in Brazos Meadows Baptist Church sponsored or co-sponsored activities including but not limited to any game, practice, exercise, workout or special activity .I have read and signed this document with full knowledge of its significance.

Date _____

Signature of Parent/Guardian _____

Name Printed _____

Brazos Meadows Baptist Church
MEDICAL HISTORY & CONSENT TO MEDICAL TREATMENT

PARTICIPANT _____ PARENT/GUARDIAN _____

ADDRESS/ CITY/ ZIP _____

DAY PHONE /EVENING PHONE _____

ACTIVITY _____ FEE (if applicable) _____

Name and phone number of participant's primary care physician: _____

_____ Insurance Company	_____ Policy Number	_____ Phone Number
-----------------------------------	-------------------------------	------------------------------

PLEASE attach a photocopy of both sides of your insurance card.

Date of participant's last tetanus immunization _____

Other immunizations current? Yes No

List participant's allergies to medications

List any other allergies participant has, including food allergies

List any chronic medical conditions the participant has (for example, asthma, diabetes, hemophilia)

List all medications participant currently takes

The undersigned consents to give Brazos Meadows Baptist Church, its officers, agents and employees permission to seek medical treatment for any personal injury or illness which the participant may suffer, for any reason, during any Brazos Meadows Baptist Church sponsored or co-sponsored activity.

Date _____ Signature of Parent/Guardian _____