

Second Baptist Church Youth Ministry 2019 Risk Acknowledgement and Release for Minor

I, _____, Parent or Guardian (“Parent”) and _____, my minor child (“Participant”), desire for my minor child to participate in the Second Baptist Church youth ministry (“Youth ministry”) events in 2019.

General Liability and Assumption of Risk

I acknowledge and understand there may be dangers, hazards, and risks inherent in, associated with, or arising out of Second Baptist Church youth ministry (“Youth Ministry”) events, or acts by third parties unrelated to the Youth Ministry. I recognize that these risks could result in injury, illness, emotional injury, property loss, serious injury, or death.

In consideration for participation in Youth Ministry events, I do hereby release and hold harmless Second Baptist Church and their leaders, employees, and volunteers, from any and all claims, liabilities, suits, actions, causes, damages, or losses. I do hereby indemnify and hold harmless Second Baptist Church from any and all claims, demands, actions, fees, and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child’s participation in the Youth Ministry events. These terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family.

Medical Release

In the event of an accident or illness, I authorize the Youth Ministry personnel to administer first aid by examining, treating, or administering medications for said illness or injury to my Participant as deemed necessary. In the case of an emergency, I authorize the Youth Ministry to obtain medical treatment (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified or authorized health care provider for my Participant. I authorize the Youth Ministry to transport or arrange for transportation for my Participant to receive said medical treatment. I hereby hold harmless and agree to indemnify Second Baptist Church, its officers, directors, trustees, agents, employees, and volunteers from and against any claims, damages and/or liabilities, arising out of or resulting from said care rendered or professional medical treatment received or transportation to said care.

Transportation Release

I authorize the Youth Ministry to transport my Participant to, from, and for Youth Ministry events. This may include vehicles owned by Second Baptist Church, rented vehicles, or privately owned vehicles. I hereby hold harmless and agree to indemnify Second Baptist Church, its officers, directors, trustees, agents, employees, and volunteers from and against any claims, damages and/or liabilities, arising out of or resulting from said transportation.

Media Release

I understand that pictures and videos are taken at Youth Ministry events. I hereby give permission for the use of such pictures and videos of the Participant for the promotion of the Youth Ministry.

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

In signing this Agreement, I, the Parent acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document on my own free will.

Parent/ Guardian Signature Date

Printed Name

In signing this Agreement, I, Participant acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document on my own free will. I have obtained consent from my parent to sign this agreement.

Participant Signature Date

Printed Name

Second Baptist Church Youth Health Form 2019

Name _____ Date _____

Birthday _____ Age: _____ Gender: Male Female

Parent / Guardian(s) _____ Home Phone _____

His Work Phone _____ His Cell Phone _____ Her Work Phone _____ Her Cell Phone _____

Home Address _____
Street Address City State Zip

Parent Email _____

BACKUP EMERGENCY CONTACT _____ Relationship: _____

*Must be someone who does not live with the participant

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____
Street Address City State Zip

Is there anyone NOT authorized to pick up the participant from an event?

Participant's Physician _____ Phone _____

Participant's Dentist/Orthodontist _____ Phone _____

HEALTH HISTORY (Explain "yes" answers below)

Has/does the participant:

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have a chronic or recurring illness/condition?..... | <input type="checkbox"/> | <input type="checkbox"/> | 7. Ever had seizures?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have frequent headaches?..... | <input type="checkbox"/> | <input type="checkbox"/> | 8. Ever had high blood pressure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever had a head injury?..... | <input type="checkbox"/> | <input type="checkbox"/> | 9. Have diabetes?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever been knocked unconscious?..... | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have asthma?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Wear glasses, contacts, or protective eyewear?..... | <input type="checkbox"/> | <input type="checkbox"/> | 11. Had mononucleosis in the past 12 months?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have frequent ear infections?..... | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have problems sleepwalking?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 13. Ever had an eating disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers. Attach a separate sheet of paper if necessary. _____

Please explain any dietary restrictions. _____

Please explain any activities restricted by a physician. _____

Please explain any additional health information we need to know. Attach a separate sheet of paper if necessary.

What is the participant's swimming ability? Nonswimmer Swimmer Strong Swimmer

Does the participant take any medications, prescription or non-prescription, regularly? Yes No

If yes, the Medication Form must be filled out.

What is the date of the participant's last Tetanus shot? _____

ALLERGIES

Medication Allergies	_____	Reaction and Treatment	_____
	_____		_____
Food Allergies	_____	Reaction and Treatment	_____
	_____		_____
Other Allergies (plant, insect, animal, etc.)	_____	Reaction and Treatment	_____
	_____		_____

MEDICAL INSURANCE

Is the participant covered by family medical/ hospital insurance? Yes No

Insurance Carrier _____ Policy # _____