

**MEDICAL RELEASE FORM**

Woodmont Baptist Church Student Events

Dates: January 1, 2025 to December 31,2025

Name: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

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

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Heath Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Policyholder's SS# \_\_\_\_\_

Immunizations (mark all that apply): \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps

\*\*\* I authorize that my child is permitted to have a non-drowsy Dramamine \_\_\_ yes \_\_\_ no

\*\*\*\*\*

\*\*\*Please write none where applicable on this section\*\*\*

ALLERGIES: \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Current medications being taken: \_\_\_\_\_

Special Diet: \_\_\_\_\_

\*\*\*\*\*

Being the parent or legal guardian of \_\_\_\_\_, I \_\_\_\_\_

Do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the Children's Minister, or Chaperone, to make decisions necessary for treatment. Should there be no Children's Minister, or Chaperone, available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Woodmont Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in any 2025 event.

Dated this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_

Parent/Guardian Signature \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

I, the undersigned authority, a notary public in and for said county in said state, hereby certify that \_\_\_\_\_, whose name as parent or legal guardian of \_\_\_\_\_ is signed to the foregoing medical release form, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she as such parent or legal guardian and with full authority, executed the same voluntarily.

GIVEN under my hand and official seal this is \_\_\_ day of \_\_\_\_\_, 20 \_\_\_.

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_

**MUST BE 19 YEARS OLD OR OLDER IN ORDER TO SIGN FOR YOURSELF**



# Waiver and Release Form

ALL Participants **MUST** have this general release and indemnification of claims completed and turned in to their group leader upon arrival at this event. **This form MUST be completed and notarized for all participants.**

**Please Review, Complete, Sign and Notarize.**

Camp Location: \_\_\_\_\_

Camp Dates (including year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participating Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Gender of Participant:  Male  Female Participant Age: \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please indicate what describes the Participant best:  Camper  Adult  Child  LEAD Team

Name of Parent/Guardian who is able to give consent (Please Print): \_\_\_\_\_

Cell Phone Number of Parent/Guardian: (\_\_\_\_) \_\_\_\_\_

Work Phone Number of Parent/Guardian: (\_\_\_\_) \_\_\_\_\_

Email Address of Parent/Guardian: \_\_\_\_\_

**Assumption of Risk:** I am aware of the risk associated by or with participation in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation from camp activities.

**CONNECT Participants:** Recreation is offered to build community amongst your group in a fun but in an environment with safety as a priority. It will include physical and challenging activities that may include running, lifting, climbing, descending, carrying, moving, jumping or working with other people during physical activity. Activities may create elevated heart and respiratory rates and require physical exertion. Additionally, unforeseen weather or forces of nature could be encountered during recreation activities.

**SERVE Participants:** Missions activities including, but not limited to running, playing, moving items, conducting activities, stocking, painting, building light construction projects, removing debris, rubbish or other items may have inherently dangerous elements that involved risks, including but not limited to carrying heavy supplies, using hand tools, climbing ladders, using paints, nailing and serving in various conditions in often high summer temperatures. All participants will be transported to and from worksites under the care and supervision of the church group and leader they came with. It is the responsibility of participants to only participate in activities that they are qualified for and are able to perform safe practices at their specific worksite. Work will be done under the supervision the group leader at each site. All work is done voluntarily and participant assumes any and all risk associated with such activities.

**Photography/Video Acknowledgment:** Throughout the event there may be photographs and video taken for marketing and promotional purposes. I acknowledge that and grant permission for such media to be used in promotional materials.

**Release and Indemnity:** I acknowledge and agree that I or my agents hold harmless, release forever, and agree not to sue youthministry360, it's leadership, agents, venues, locations, community partners, volunteers, sponsors from any and all claims or demands related to personal injury, sickness, and even death, as well as any property damage or related expenses, incurred by my participation or my minor child during Generate by YM360. In the event of a medical need, I understand that the authorized agent of the church is responsible for care and decisions related to medical needs including, but not limited to medical consent, care, transportation, and communication with the home church and family. Any and all medical expenses that could be incurred if medical is needed are my sole responsibility and I release liability and understand that I or my minor participate in any and all activities at will.

**Understanding:** I acknowledge that I have read and understand this waiver and release and all its terms and my signature below represents that understanding and I freely relinquish legal rights, I have had the opportunity to obtain any and all counsel if needed and that by my signature, I understand and accept this agreement in full. Furthermore, it is understood that a copy of this form is treated as authentic and binding as the original.

Complete and sign below (participants who are minors per your state law require Parent/Guardian signature.)

I am a:  Parent/Guardian  Event Attendee who is 18 or older

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Event Attendee: \_\_\_\_\_

Phone Number of Parent/Guardian: (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Notary Acknowledgement:** The State of \_\_\_\_\_ County of \_\_\_\_\_ on \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Notary signature: \_\_\_\_\_ My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_