

First Baptist Church College Station, Texas – **ADULT** **2024**
MEDICAL INFORMATION / LIABILITY RELEASE FORM

PARTICIPANT INFORMATION:

Name: _____ Age: _____ Gender: _____ Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

EMERGENCY CONTACTS:

Spouse's name: _____ Home phone: _____ Work phone: _____ Cell /Pager: _____
Third Party name: _____ Home phone: _____ Work phone: _____ Cell /Pager: _____

HEALTH INSURANCE INFORMATION:

Insurance Company: _____ Phone number: _____
Policy Holder: _____ ID number / Group Number: _____

MEDICAL INFORMATION:

Physician: _____ Address: _____ Phone: _____

Tetanus (Year of last booster): _____ Diet limitations: _____

ALLERGIES (medicines, food, insect stings, plants, etc.):

MEDICAL ILLNESSES & DISEASES: List details of all significant past medical problems such as:
 Asthma Diabetes Handicap Heart Seizures Stomach Other:

MEDICATIONS: List all to be taken (include medication, name, dose, frequency and reason for each)

Medication: Dose: Frequency: Reason taken:

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Any additional information needed to care for you:

MEDICAL ATTENTION:

I give my permission for First Baptist Church representatives or other staff person in charge to obtain any needed medical attention in case of illness or injury to me. I agree to be liable to pay all cost and expenses incurred in connection with such medical treatment pursuant to this authorization.

LIABILITY RELEASE:

I do hereby release, absolve, indemnify, and hold harmless, acquit, and forever discharge all sponsors, organizers, and supervisors of the First Baptist Church, College Station, TX, from any and all claims, damages, liabilities, costs, demands, actions, or cause of action, past, present, or future arising of any damage or injury while participating in any church sponsored activity even if such personal injury or other loss is caused by the ordinary negligence of the church, its employees, staff members or designated sponsors.

PERMISSION FOR USE OF PICTURES:

I give permission for photographs or video taken of me at any event sponsored by First Baptist Church, College Station to be posted on the FBC,CS webpage or used in any publications, printed materials, and/or videos promoting First Baptist Church, College Station.

INFORMATION VERIFICATION:

I, the undersigned, do hereby verify that the above information is correct.

SIGNATURE:

Signature of Participant

Date: