

ADULT PARTICIPATION FORM

(18 & Older)

JACKSON MEMORIAL BAPTIST CHURCH

4316 Bruce Road, Chesapeake, VA 23321

757•484•5568 (office) / 757•484•5804 (fax)

Email: office@jacksonmemorial.org

PARTICIPANT INFO

Name _____
Date of Birth _____ Age _____
Address _____
Home Phone _____
Cell Phone _____
Email _____

EMERGENCY CONTACT

Name / Relationship _____
Home Phone _____
Cell Phone _____

MEDICAL INFO

Attach a copy (front & back) of your insurance card to this form.

Food Allergies

Insect Bite / Sting Allergies

Medication Allergies

List Any Other Medical Conditions We Should Be Aware Of

AUTHORIZATION

I **understand** that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability for any loss, damage, harm or injury to person or property that may occur during the course of my involvement. Activities / events may include, but are not limited to Life Groups, Bible Studies at church or in homes, local mission projects, cookouts, swimming, skiing, lock-ins, basketball, roller skating, ice skating, concerts, amusement parks, biking, soccer, dodge ball, volleyball, softball, camping, hiking, hayrides, retreats, parties, etc.

I **grant permission** to be photographed and / or videotaped while participating in events / activities / trips planned, organized, or coordinated by Jackson Memorial Baptist Church, 4316 Bruce Road, Chesapeake, VA 23321. Furthermore, I also give permission for the photos and/or video to be utilized in materials (including the church website) for promotional purposes as long as I am not identified by name. I also agree to hold harmless the above named parties for any loss or injuries arising from the process of acquiring the media or from its use.

I **affirm** that the health insurance information provided is accurate at this date. If changes occur, I understand it is my responsibility to report and provide updated information to the Church.

In the event that I am injured and / or require the attention of a doctor, and my emergency contact cannot be reached, I authorize any adult leader and/or church official from Jackson Memorial Baptist Church to obtain any medical treatment deemed necessary. I also verify that the information given is correct and hereby release and forever discharge all sponsors, Jackson Memorial Baptist Church, its employees and members from any and all liability, claims, demands, actions or cause, past, present or future arising out of any damage or injury while traveling to, participating in and returning from events / activities of Jackson Memorial Baptist Church. I also acknowledge and understand that I am responsible for the cost of any medical care should that cost not be covered or reimbursed by my health insurance providers(s).

Name Date

This authorization is valid through December 31st of year this form was signed, dated, and notarized.

NOTARY INFORMATION

City/County of _____

On this _____ day of _____, 20____, _____ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

NOTARY STAMP

Notary Public _____

Notary Registration Number _____

My Commission Expires _____