

MEDICAL & PHOTO/VIDEO RELEASE FORM FOR ADULTS

(please attach a copy of insurance card to this document)

RAYMOND ROAD BAPTIST CHURCH

4622 Raymond Road, Jackson, MS 39212
601-372-6145

Name _____ Age _____ Sex _____ Birth Date ____/____/____
(First) (Middle) (Last)

Address _____
(Street) (City State ZIP)

Home Phone _____ Other Phone _____

In case of emergency, please contact one of the following:

Name _____ Home Phone _____ Other
Phone _____ Relationship to you _____

Name _____ Home Phone _____ Other
Phone _____ Relationship to you _____

MEDICAL INFORMATION

Allergies (penicillin, medications, insects, etc.) _____

Dietary restrictions _____

List all medications currently being taken _____

List any special medical conditions _____

Family Physician _____ Phone _____

Name of medical insurance company _____ Phone _____

Insurance Policy Number _____ Name of Policy Holder _____

Any additional medical notes about you: _____

MEDICAL AND PHOTO/VIDEO RELEASE

To the best of my knowledge, I have listed in this document all of my pertinent information. In the event of a medical emergency and/or situation, if I am unable to give consent, I hereby give my permission for a representative, leader, or employee of Raymond Road Baptist Church to seek immediate medical treatment for me, and I give my consent to such medical treatment as deemed necessary by said representative, leader, or employee. I also understand that at the time of the emergency, attempts will be made to contact the emergency contact persons aforementioned before care is rendered. I further acknowledge that I am responsible for all costs and/or charges associated with the medical care rendered to me.

During the time I am present with Raymond Road Baptist Church, or its representatives, leaders, or employees, I will not hold Raymond Road Baptist Church, or its representatives, leaders, or employees responsible for any accident and/or medical emergency. I do hereby release and forever discharge from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my employment by or participation in a church activity. I agree to indemnify the Released Parties from any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future, arising out of or caused by myself participating in a church activity or while on property owned by any of the Released Parties.

I further give permission to be photographed or videotaped during event activities, and for these photos and/or videos to be used in Raymond Road Baptist Church public promotional materials.

I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law.

Name _____
(please print)

Signature _____ **Date** _____