



MISSION TRIP 2023

ARLINGTON, TEXAS

MARCH 19TH - 25TH, 2023

POTTSVILLE FIRST BAPTIST CHURCH | ELEVATE

This form is required for any participant on any church sponsored trip, function or event. Please complete this form & return it to the trip coordinator by the deadline. Participants are only required to complete one **MEDICAL RELEASE FORM** per calendar year. This form will be used for all trips or events during that particular year. If there are changes throughout the year, it is the participants responsibility to complete an updated form.

Participant's Name or Family Name (if applicable) _____

Street / Apt. # _____ City _____ State _____ Zip _____

Age / DOB _____ Home Ph. _____ Cell Ph. _____

ICE (IN CASE OF EMERGENCY) INFORMATION REQUIRED FOR ALL PARTICIPANTS.

IF A MINOR, PLEASE LIST SOMEONE OTHER THAN PARENTS OR GUARDIAN & COMPLETE THE NEXT SECTION.

Name _____ Phone _____ Relationship to participant _____

PLEASE COMPLETE THIS SECTION FOR MINORS ONLY

Fathers Name _____ Cell Ph. _____

Father's Place of Employment _____ Phone No. _____

Mother's Name _____ Cell Ph. _____

Mother's Place of Employment _____ Phone No. _____

Who is the Legal Guardian of minor student: (please circle one) father mother both other

If other, please give name & phone no.: _____
Name _____ Phone _____

I authorize FBC Pottsville through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in church sponsored activities.

Participant Signature: _____

Date _____

PARENT / GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

As the parent or legal guardian of the minor child I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for the care and protection of my minor child / student while under FBC Pottsville's supervision. In case of accident or illness, I understand that my student will be taken to an appropriate medical facility for treatment. I understand that efforts will be made to contact me prior to treatment but in the event I cannot be reached in an emergency, I give permission to the church representative to make the decisions necessary for treatment. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

Parent/Guardian Signature: _____

Date _____



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First Baptist Church of Pottsville
Medical Release Form
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PARTICIPANT INFORMATION

If more than one member of your family is participating in this trip / event, please complete the section below by listing the requested information for each family member.
For all "YES" responses, please give details in the space provided below.

PARTICIPANT NAME	Age & DOB	Allergies?	Medications?	Health Conditions?	Date of last tetanus	Insurance? Please complete box at bottom of page
1.		Y / N	Y / N	Y / N		Y / N
2.		Y / N	Y / N	Y / N		Y / N
3.		Y / N	Y / N	Y / N		Y / N
4.		Y / N	Y / N	Y / N		Y / N
5.		Y / N	Y / N	Y / N		Y / N
6.		Y / N	Y / N	Y / N		Y / N
7.		Y / N	Y / N	Y / N		Y / N
8.		Y / N	Y / N	Y / N		Y / N

Primary Care Physician _____ Phone # _____ Same for all participants? Y / N

If you circled "Y" (yes) for any of the above questions, please give details in the space below.
 Please use the numbers on each line when referencing further details below.

INSURANCE INFORMATION

Policyholder's name: _____ Primary Insurance Policy No. _____

Group No.: _____ Provider (BCBS, AETNA, etc.) _____



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I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: FBC Pottsville

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that FBC Pottsville and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the FBC Pottsville.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by facilities, temperature, weather, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Photo/Video Release

Our church occasionally would like to use photographs or videos of church related activities and events for displays or publication in our church, the community or on our church website or the websites of charitable organizations we serve. For privacy reasons, photographs will only use first names to identify the people whose images are shown.

I am at least 18 years old and I give permission for my image to be used within the church building, in church publications, in news release, community awareness programs and on the church website. My image may also be used on the websites of those charitable organizations we serve with the church's permission.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A CONSENT, RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

I CONSENT TO THE ABOVE RELEASE OF LIABILITY

I CONSENT TO THE ABOVE PHOTO/VIDEO RELEASE

Print Participant's Name

Age

Signature (if under 18 years old,
Parent or guardian must also sign)

Date

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver, release of liability and photo/video release set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Signature of Parent or Guardian

Date