



Release Form & Waiver

I, _____, the undersigned, agree to the following concerning my and/or my minor's participation in any regularly scheduled activity or event sponsored by or through Bethesda Baptist Church, during the Academic Year of 2025-2026.

I, the undersigned, do hereby release, remiss, and forever discharge Bethesda Baptist Church of Durham, North Carolina (hereinafter "Bethesda Baptist Church") and its' Leaders from any claims, demands, actions, causes of action relating to my and/or my minor's participation in any Church sponsored activity or event. "Activity" or "event" as defined in this document includes any program sponsored or sanctioned by Bethesda Baptist Church. "Leader" as defined in this document is any Bethesda Baptist Church Staff Member or anyone acting on behalf of, or in a position of responsibility or authority as enlisted by any Bethesda Baptist Church member, for any activity, event, or program sponsored by Bethesda Baptist Church.

My permission is also given for Bethesda Baptist Church, through any duly authorized representative or Leader, to seek medical and/or surgical treatment for me and/or my minor in case of sickness or injury arising out of our participation in any Bethesda Baptist Church sponsored activity or event.

I may be reached at the following:

Name: _____ Home #: _____

Address: _____ Cell #: _____

City & State: _____ Zip Code: _____

Name(s) of minor participating: _____

Additional Persons that should be contacted in case of emergency:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

I understand that if I do not comply with the rules and guidelines that are set by Bethesda Baptist Church, I will be asked and I will be willing to cease participation in any activity or event, and/or leave the said activity or event, as so requested.

Signature: _____ Date: _____

(See reverse side for more information.)

Personal Information: Name of Participant: _____

DOB: ____/____/____ Age: _____ Gender: _____

Address (if different than guardian) _____

Insurance Information: *Attach a copy to this form

Insurance Co: _____ Group #: _____

Policy #: _____ Cardholder Name: _____

Relationship to Cardholder: _____ Insurance Co. Address: _____

Insurance Co. Phone: _____

Personal Medical Information:

Physician's Name: _____ Phone: (____) _____

Physical Limitations (Asthma, diabetes, allergies, other restrictions, etc.), and/or Special Instructions(Allergic to certain meds/foods/animals, rare blood type, wears contact lenses, etc.): _____

List ALL medications taken regularly and/or brought with you: (Prescriptions MUST have pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past 5 years:

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization – I hereby permit the medical personnel selected by the participant's Church sponsor/his designee/staff to order X-rays, routine tests, and treatment for my participant. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby permit the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections, and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees, or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in child/youth functions.

Signature: _____ Date: _____