

## Woodland Heights Baptist Church Participant Form

Note: All participants must complete this form to be eligible to participate in any activities planned and conducted by **Woodland Heights Baptist Church**. This form includes a Medical Release, Model Release, and Minor Release.

**ALL SELECTIONS MUST BE COMPLETED FOR ELIGIBILITY. Please print legibly.**

<b>Participant Info</b>	Name (Last) _____ (First) _____		Date of Birth _____		Age _____	Sex _____	
	Home Address _____			City _____		State _____	ZIP _____
	Cell Phone _____		Work Phone _____		Grade Completed _____		
	Emergency Contact: _____		Relation to Participant: _____		Phone _____		
	<p>Generally, the participant's health is (check one):    ___ Excellent    ___ Good    ___ Fair    ___ Poor</p> <p>If <b>Fair</b> or <b>Poor</b>, please explain your condition: _____</p> <p>_____</p> <p>List any medical difficulties for which participant is CURRENTLY being treated: _____</p> <p>List any medication participant is CURRENTLY taking: _____</p> <p>List any medicines or substances to which you are ALLERGIC: _____</p> <p>What over-the-counter medications would you allow WHBC to administer to the Participant if needed (example: Tylenol, Ibuprofen, anti-diarrheal, laxative, Benadryl, antihistamine, Pepto-Bismol)? _____</p> <p>Family Physician: _____ Physician's Phone: _____</p> <p>Physician's Address: _____</p>						
<b>Authorization for Treatment/Release of Claims</b>	<p>I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the <b>Woodland Heights Staff Member</b> and the physician or hospital staff during activities planned and conducted by <b>Woodland Heights Baptist Church</b>. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the staff and representatives of <b>Woodland Heights Baptist Church</b>, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). I understand that supplemental medical insurance is provided for each <b>Woodland Heights Baptist Church</b> participant if necessary. Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.</p>						
<b>Participant Model Release</b>	<p>I, the undersigned, do hereby consent and authorize <b>Woodland Heights Baptist Church</b> or any of its representatives, to use and reproduce photographs, film, video or other electronic imaging of me and information relating to my circumstances for present and future fundraising and advertising purposes. I further agree to allow <b>Woodland Heights Baptist Church</b> to use my name and any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising and advertising purposes. I waive any right that I may have to approve the photographs, film, video or other electronic imaging or background copy which may be used or to approve the use to which it may be applied.</p>						
<b>Minor Release</b>	<p>I, the undersigned, do release my child to travel with the designated Group Leader to the designated location. I guarantee that my child is able to provide funds for the travel expenses.</p>						
<b>Please complete and sign below (youth 17 and under requires parent/guardian signature).</b>							
Participant's Signature (if 18 or older): _____ Date: _____							
Parent/Guardian Signature: _____ Phone: _____ Date: _____							