

Activity Participation Agreement

Activity Information

Name of Sponsoring Organization: Red Mountain Baptist Church
Address: 1322 Red Mountain Rd. Rougemont, NC 27572
Name of Sponsor Coordinator: Pastor Paul Sheaffer
Name of Activity:
Date(s) and Location of Activity:
Telephone: (919)-793-8814 Church Telephone: (919)-477-3657

Participant Information

*Please bring ONE notarized copy of this sheet with you to the event. Please attach a photocopy of your insurance form or card to this sheet.

Participant Name: _____ Age: _____ Date of Birth: _____

SS# _____ Address: _____

City: _____ State: _____ ZIP: _____

In Case of Emergency Notify: _____ Phone Numbers - Home:
_____ Cell: _____ Work: _____

In Case of Emergency (please take my child to):

Hospital: _____

Address: _____

Phone Number: _____

Medical Profile

Generally, Participant's Health is (Check One) ___Excellent ___Good ___Fair ___Poor
If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated:

Check any of the following that cause you problems and explain: Asthma ___ Sinusitis ___
Bronchitis ___ Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach
Upset ___ Hay Fever ___ Seizures ___

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone _____

Insurance Co. _____ Policy # _____

Subscriber Name _____ Subscriber Number _____

Place of Employment _____ Subscriber Occupation _____

Work Phone _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for Red Mountain Baptist Church or the Youth Pastor, church official, any official youth leader, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the

part of the sponsor, the participant (or parent /guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent /guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. Also, I understand that as a participant, my child may be photographed or videotaped during normal event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Red Mountain Baptist Church and its Youth Leaders from any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by Red Mountain Baptist Church. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. Please complete and sign below (youth under 18 years of age requires Parent/Guardian signature)

Participant's Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date: ____/____/____

Notary Acknowledgement (Notary: please affix seal to the sheet.)

State of _____} County of _____}

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20____.

Notary Signature: _____

My commission expires _____