

Pleasant Heights Baptist Church

2020 **Adult** Medical/Activity Release

Name of Participant: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

*Current (required every 7 yrs.) Background Check on file in the church office: Yes _____ No _____

I, _____, do hereby agree that I will not hold Pleasant Heights Baptist Church (herein PHBC), or any staff member or volunteer of PHBC, liable or responsible for any accidents or injuries that may be sustained in connection with any PHBC activities. I understand that accidents do happen, and I will assume responsibility for any losses thereof. I also authorize emergency treatment for myself, should it become necessary for the welfare of my life.

Please list the following information in case of emergency:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Relative Cell Phone: _____

Email: _____ Relation to Relative: _____

Doctor (Name & Phone): _____

Health Insurance Company Name: _____

Policy Number: _____

Food/Drug/Pet/Other Allergies: _____

Medications you are currently taking: _____

ACTIVITY RELEASE

Realizing that PHBC is a Christian organization, and having standards of conduct that reflect those Christian values, there are rules that we must enforce, and which may be unique to each event/activity. By signing this release form, you are also agreeing that if you do not obey the rules of the activity/event, they are subject to the following discipline:

1. You may be asked to leave the activity at your own expense.
 2. You may not be allowed to attend the next activity.
- (These steps will be left up to the discretion of the person in charge of the event/activity).
(Any photocopy or facsimile of this page is just as valid and legally binding as the original copy.)

Signature of Participant: _____

Date: _____