

MEDICAL WAIVER AND RELEASE FORM

Shades Mountain Baptist Church
August 1, 2018 – July 31, 2019

Name: _____ Address: _____

Date of Birth: _____

Doctor's Name: _____ Doctor's Phone: _____

Medical Insurance **(ATTACH A COPY OF BOTH SIDES OF YOUR MEDICAL INSURANCE CARD)**

Name of Insured: _____ Carrier: _____

Policy Number: _____ Group No.: _____

Known allergies, illnesses, conditions, or other information: _____

List any medication or drugs taken regularly: _____

In case of emergency, please notify:

Name: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

For the calendar year, **January 1, 2018 through December 31, 2018**, knowing that SMBC will always try to act responsibly, I, the undersigned, fully release SMBC, its representatives and staff from all liability of any kind and character from any claim, demand, or cause of action, which might be asserted on my behalf against SMBC, its representatives or staff.

It is my understanding that the church will attempt to notify my emergency contact in case of a medical emergency. If the church cannot reach my emergency contact, then I authorize the church leaders to seek the care of a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary, including but not limited to emergency surgery, or x-rays. I understand that I will be responsible for any and all medical expenses. I will notify church leaders of any health consideration that would prevent or limit my participation in any activity. I also give my permission for the church leaders to restrict my participation in any activity in which they, in good faith, believe there is some concern for my physical well-being. Should it be necessary for me to travel home for medical reasons, or any other reason, apart from the group, I hereby assume all costs.

By signing this **waiver and release**, I agree to assume and accept all risks and hazards inherent in all church-related social activities. I understand and acknowledge that I am signing this form for both a medical and liability release.

Unless I indicate otherwise below, I authorize Shades Mountain Baptist Church to use in a reasonable fashion, in its sole discretion, my image in publications, videos, websites, or other forms of media. Please check the box if applicable:

No, you may not use photographs of me.

Signature

Date

State of Alabama:
County of Jefferson:

Subscribed and sworn to before me on this ____ day of

_____, _____.

*Notary
Seal*

NOTARY PUBLIC

My Commission expires: _____