



**GENERAL RELEASE AND INDEMNIFICATION  
(FOR ADULT PARTICIPANTS AGE 18 AND UP)**

For and in consideration of the Southern Baptist Conference of the Deaf, Inc. (SBCD) permitting me, PARTICIPANT, to participate in the Southern Baptist Conference of the Deaf to be held July 25-31, 2009 hereafter referred to as "CONFERENCE", I hereby release the SBCD from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against the arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SBCD's negligence or otherwise.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SBCD. SBCD, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this General Release and Indemnification form shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a Christian conciliation/mediation organization for binding resolution.

I further agree to indemnify and hold harmless the SBCD from all claims, demands, suits, causes of action, or judgments which PARTICIPANT ever had, now have, or may have in the future or which PARTICIPANT'S heirs, executors, administrators, or assigns may have, or claim to have against the SBCD arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD and on SBCD's behalf and in SBCD's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

BY: \_\_\_\_\_  
PARTICIPANT (18 years of age and up)

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAME PRINTED

MINOR (Under age 18) PARTICIPANT'S NAME: \_\_\_\_\_  
(Please print)

**GENERAL RELEASE AND INDEMNIFICATION  
(FOR PARTICIPANTS UNDER AGE 18)**

I hereby represent that I am the parent or legal guardian of PARTICIPANT who is under the age of 18. For and in consideration of the Southern Baptist Conference of the Deaf (SBCD) permitting PARTICIPANT to participate in the Southern Baptist Conference of the Deaf to be held July 25-31, 2009 hereafter referred to as "CONFERENCE", I hereby release the SBCD from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against the SBCD arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD.

I further agree to indemnify and hold harmless the SBCD from all claims, demands, suits, causes of action, or judgments which PARTICIPANT ever had, now have, or may have in the future or which PARTICIPANT'S heirs, executors, administrators, or assigns may have, or claim to have against the SBCD arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD and on SBCD's behalf and in SBCD's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SBCD's negligence or otherwise.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not SBCD, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SBCD from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SBCD events.

**Transportation Release:** I (we) hereby waive, release and discharge SBCD, their staff, employees, and agents from any claim or cause of action of any kind related to transportation of the above minor child, to and from any SBCD/ events in which said child may participate. Also, I (we) waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action arising during, before, after or otherwise related to the SBCD events.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a Christian conciliation/mediation organization for binding resolution.

**Media Consent.** I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SBCD. SBCD, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**DO NOT SIGN UNTIL IN THE PRESENCE OF THE NOTARY PUBLIC**

\_\_\_\_\_  
**SIGNATURE(S) OF PARENT(S) or LEGAL GUARDIAN(S)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NOTARY PUBLIC**  
CANNOT BE NOTARIZED BY SELF OR SPOUSE

Sworn and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**My Commission expires** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

## REQUIRED MEDICAL FORM

---

Name of church, City, State, and group leader or chaperone \_\_\_\_\_

### TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN (FOR PARTICIPANTS UNDER AGE 18)

Full Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Complete Mailing Address of Child \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Please provide the name of another contact person in case parents cannot be contacted for an emergency situation:

Contact Person's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Relation to Child \_\_\_\_\_

---

#### INSURANCE INFORMATION

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Complete Mailing Address of Insurance Company \_\_\_\_\_

Phone Number of Insurance Company (\_\_\_\_\_) \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Holder's Employer \_\_\_\_\_

Social Security Number of Child \_\_\_\_\_ S.S. # of Policy Holder \_\_\_\_\_

If family does not have medical insurance, please provide credit card, Medicaid or Medicare information for the payment of medical related expenses.

Credit Card Holder's Name \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Expiration Date of Card \_\_\_\_/\_\_\_\_/\_\_\_\_ Credit Card Type \_\_\_\_\_

Medicaid or Medicare Claim Number \_\_\_\_\_

---

#### MEDICAL INFORMATION

Family Physician's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Is your child allergic to any medications(s)? \_\_\_\_\_ If so, list name(s) of medicine: \_\_\_\_\_

Is there any special health information, medication, allergies, we should know about your child?

If so, please explain \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_ Are all immunizations current? Yes \_\_\_\_ No \_\_\_\_

## Participant Form

\* Bring notarized original and a copy of this sheet to registration\*

\*Attach a photocopy of health insurance form or card\*

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church/Sponsor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone Numbers - Home:(\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_ Pager:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

### 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 \_\_\_

List any 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, Acknowledgement, Release, Indemnity

I, the undersigned Parent/Guardian and Participant, as applicable, hereby:

**A. Permission For Medical Treatment:** Grant my permission for the camp or event director, church or Sponsor official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to me or my child, as applicable, and hereby give permission for medical personnel to administer medical care to me or my minor child, as applicable, as necessary.

