

SEVERNS VALLEY BAPTIST CHURCH
2015 Medical / Release Form

Participant Name (As appears on passport) _____

Participant Address _____ Zip Code _____

Participant Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Male or Female _____ Passport Number _____

Beneficiary _____ Relationship _____

Emergency Contact Name _____

Emergency Contact Address _____ Zip Code _____

Emergency Contact: Home Phone _____ Business Phone _____ Cell Phone _____

List any physical conditions or defects you have (examples: allergies, headaches, etc.)

Medications currently being taken: _____

Are you allergic to bee stings? Yes No What action is necessary in case of a sting?

Do you have any allergies to medicines? Yes No
If yes, which ones? _____

In case you need medical attention, are there any special instructions we need to be aware of? _____

Date of last tetanus shot _____ Note: If date cannot be remembered, please secure a booster shot prior to departure

MEDICAL RELEASE

As the participant, parent and/or guardian (if under age 18 years of age) of said member I hereby acknowledge that he/she is presently under my care, custody and control. In the event there arises any emergency, needing medical attention, I hereby consent and give my permission to Severns Valley Baptist Church, or it's representatives, or any attending physicians, to make such decisions and to perform such medical treatment, which may in their sole discretion is necessary and proper under the circumstances. As the participant, parent and/or guardian of said member, I hereby do release, acquit, discharge to hold harmless the Severns Valley Baptist Church or it's representatives or any attending physician, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by above said participant during time away while on any church activities.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(Note: This must be signed if participant is under 18 years of age)

Witness Signature _____ Date _____

Medical Insurance Company _____

Phone Number _____ Policy Number _____

Severns Valley Baptist Church

2015 Missions Covenant

This covenant MUST be signed and returned with your application before you can be approved to participate in mission work with Severns Valley Baptist Church.

WHEREAS, the undersigned will be traveling and working on mission projects which are sponsored in whole or in part by Severns Valley Baptist Church and

WHEREAS, the undersigned desires to release and hold harmless Severns Valley Baptist Church, its staff members, elders and deacons from any and all claims, demands or actions because of injury or illness to the undersigned.

NOW, THEREFORE, in consideration of the undersigned working or volunteering to work on projects sponsored by Severns Valley Baptist Church, the undersigned hereby releases and discharges Severns Valley Baptist Church, its staff members, pastors and deacons from claims present and future, known or unknown, in any matter arising out of the undersigned and specifically assumes all risk involved in travel and work on the projects.

The undersigned will never institute any action or suit at law or in equity against Severns Valley Baptist Church, its staff members, pastors or deacons, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, cost, loss of service, expenses or compensation for or on account of any damage, loss, or injury either to person or property or to both, whether developed or undeveloped, resulting or to result, known or unknown, past or present or future, arising out of the undersigned working with Severns Valley Baptist Church.

Dated this the _____ day of _____, 20____

Signature of participant_____

Printed Name_____

Signature of Parent/Guardian _____
(Note: This must be signed if participant is under 18 years of age)

Printed Name_____

Witness _____