PARTICIPANT CONSENT FORM 2023-2024

Participant Name: _____ Date of Birth: _____ Age: ____ T-Shirt Size: _____

Address: _____ Phone #:_____Cell#:_____

City: _____ State: _____ Zip Code: _____Grade: _____

Mother's/Spouse Name _____Work #_____Cell #_____

Father's/Spouse Name_____ Work #_____Cell #_____

Participant Email Address (Please Print):_____

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

The undersigned does hereby give permission for myself or child, _____,
(participant name)
to participate in activities, on and off campus, sponsored by **Burkemont Baptist Church during the 2023-2024 calendar years.**

We (I) authorize an adult, in whose care the participant has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned participant pursuant to this authorization.

Should it be necessary for the participant to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for the participant to ride in any vehicle designated by the adult in whose care the participant has been entrusted while attending and participating in activities sponsored by Burkemont Baptist Church.

Also, I understand that as a participant, the participant 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 Burkemont Baptist Church and their employees from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in any event. I agree to indemnify Burkemont Baptist Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by the participant while participating in any event while on property leased or owned by Burkemont Baptist Church.

Hospital Insurance: Yes [ ] No [ ] **Insurance Participant Name:** _____

Insurance Company: _____

Policy Number: _____

Emergency Phone Numbers: _____

***List any allergies or special medical conditions the participant may have:** _____

_____

_____ _____
(Signature of Parent, Legal Guardian or Participant-INK Only) (Date)

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Sworn to and subscribed before me this _____ day of _____, 20 ____. Witness my hand and official seal.

_____
Notary Public

Commission Expires: _____

Notary Seal

Continued on Back

Doctors Name: _____
Doctors Phone: _____
Date of Last Tetanus Shot: _____
***List Any Known Allergies:** _____
_____
List Any Medicines Now Taking: _____
_____
_____

**Please provide copy of insurance card.