



# Greenville Baptist Association

## Participant Form

June 23-30, 2018

### General Information:

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

Church Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Health/Medical/Insurance Information: (a front and back copy of your medical insurance card is required)

General Health: (circle one)    Poor    Fair    Good    Excellent

Does participant have any physical limitations? Yes or No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List all medications and dosages participant is currently taking: \_\_\_\_\_

\_\_\_\_\_

List all allergies (food, medication, et cetra): \_\_\_\_\_

\_\_\_\_\_

List any medical conditions for which participant is currently under the care of a physician: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Name and Phone Number of participant's Primary Care Physician: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

#### *Alternate Emergency Contact:*

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## Consent and Release Form:

I understand that as a participant of a Greenville Baptist Association (hereinafter referred to as "GBA") mission project, the participant agrees not to use tobacco products, alcoholic beverages, or illegal drugs; and not to have possession of, or use of any fireworks, firearms, knives (excluding utility knives), or weapons of any other kind.

I authorize and give permission for the GBA leadership team to authorize medical treatment to be given to said participant in the event that participant (18 years of age or older) or Emergency Contact Person (for minor participant) is unable to make decisions regarding health care for the participant.

Further, permission is hereby given to the GBA leadership team to furnish any necessary transportation (within the limitations of insurance and the law), food and lodging for said participant.

I will not expect any organization with which the participant may work or be associated to be responsible or liable for any loss or damage to participant's property; any personal injury or illness; or any other injuries or damage the participant may suffer. In consideration of the participant's admission to volunteer service, and for other good and valuable consideration, on behalf of said participant, their heirs, executors, administrators, and assigns, I hereby release the GBA, any employee, or volunteer of the foregoing organization from any and all such claims or demands.

I also authorize the news media and the GBA to publish all photographs/video clips, which they might take during the week, to illustrate work being done through the GBA. My consent is without limitations or reservations or any compensation to the participant or family.

The above information in this application is true and accurate to the best of my knowledge. I understand that false information will be grounds for termination of the participant from the mission team.

I hereby authorize you to verify all information contained on this application with the appropriate personnel or resources. I also authorize a Personal Background check on any participant 18 years of age or older. I further authorize that these persons may disclose any and all information regarding my work ethics, personal characteristics, or other areas of importance to this organization. Furthermore, I waive the right to sue the aforementioned personnel or resources for releasing such requested information.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This Consent must be notarized before submitted to GBA.***

