

MINOR (Under age 19) PARTICIPANT'S NAME: _____

**GENERAL RELEASE AND INDEMNIFICATION
(FOR PARTICIPANTS UNDER AGE 19)**

I hereby represent that I am the parent or legal guardian of PARTICIPANT who is under the age of 19. For and in consideration of the Southern Baptist Conference of the Deaf (SBCD) and Lancaster Bible College (LBC), Lancaster, PA permitting PARTICIPANT to participate in the Southern Baptist Conference of the Deaf to be held July 16-22, 2016 hereafter referred to as "CONFERENCE", I hereby release the SBCD/LBC 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/LBC 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 or LBC.

I further agree to indemnify and hold harmless the SBCD/LBC 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/LBC 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/LBC and on SBCD's/LBC's behalf and in SBCD's /LBC'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/LBC'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 or LBC, 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 guardian of minors. I release SBCD and LBC 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 AND LBC events. LBC's guest medical supplement will assist within current/prescribed limitations in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, LBC's guest medical supplement will also assist within current/prescribed limitations.

Transportation Release: I (we) hereby waive, release and discharge SBCD, LBC, 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/LBC 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/LBC 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/LBC. SBCD/LBC, 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 A NOTARY PUBLIC

SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN(S)

_____/_____/_____
DATE

SIGNATURE OF NOTARY PUBLIC

_____/_____/_____
DATE

PRINTED NAME OF NOTARY PUBLIC
(CANNOT BE NOTARIZED BY SELF OR SPOUSE)

_____/_____/_____
MY COMMISSION EXPIRES

SEAL

REQUIRED MEDICAL FORM

Name of church and group leader or chaperone

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN
(FOR PARTICIPANTS UNDER AGE 19)

Full Name of Child: _____ Birth Date: _____

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: _____ Work 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: _____

Social Security Number of Policy Holder: _____

Medicaid or Medicare Claim Number: _____

MEDICAL INFORMATION

Family Physician's Name: _____ Phone: (____) _____

Is your child allergic to any food/medication(s)? _____ If so, list name(s) of food/medicine:

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

If so, please explain: _____

Date of last serious immunization: _____

Are all immunizations current? YES ___ NO ___

