



Waiver and Release Form 2025

Participant Name: _____ Grade: _____

Birth date: _____ Age: _____ Gender: Male / Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Can we text you? Yes / No

Shirt Size (circle one) YS YM YL AS AM AL AXL A2XL A3XL A4XL

Primary Emergency Contact: _____

Relationship to Participant: _____ Cell Phone: _____

Secondary Emergency Contact: _____

Relationship to Participant: _____ Cell Phone: _____

Please supply **ALL** of the following information.

Medical Insurance Co.: _____ Group #: _____ Policy #: _____

Company's address: _____

City: _____ State: _____ Zip: _____

Company's Phone: _____

Family Physician's Name: _____ Phone: _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions

(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List **ALL** medication taken on a regular basis and/or any brought with you

(Prescription meds **MUST** have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:



HERNANDO BAPTIST

The Health History listed above is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by the participant's church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself or my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent, guardian, or participant, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Media Authorization - Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal event activities, and these photos/videos may be used in promotional materials.

Communication Authorization - Also, I understand that as a Participant, I or my child may be receive communication in the form of a text, a phone call, or a letter. If I do not wish to participate, I understand that I must inform HBC in writing of my decision to opt out of communication.

Liability Release - I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Hernando Baptist Church, camp, or event sponsors and their employees or volunteers ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event.

I understand that a situation may arise that I or my child may have to ride in a motor vehicle driven by either a church staff member, leader, or volunteer. I understand that myself or my child may be removed from the trip for not following acceptable behavior.

I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Signature of Participant / Parent	Date
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(Parent/Guardian Signature required if the participant is less than 18 years old)

Notary Acknowledgement: State of _____ County of _____ on _____ before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they execute the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal. This the _____ day of _____ 20____.

Notary Signature: _____ My commission expires: _____