FBCKC Ministry Center Registration Form

Please Print Information.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:**_____

Date of Birth: _____ **Email Address:** _____

Primary Phone: _____ **Emergency Contact:** _____

Relationship to Emergency Contact: _____ **Emergency Contact Phone:** _____

Name of Person Not in Home: _____ **Phone:** _____

Membership Status: ☐ FBCKC Church Member ☐ Life Group Member ☐ Guest

If you are a guest, are you actively involved in a local church? ☐ Yes ☐ No **If yes, where?** _____

Insurance Information

First Baptist Church's insurance is secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while utilizing the Ministry Center facilities in any manner.

Do you have health insurance? ☐ Yes ☐ No **Provider:** _____

Member # or Group #: _____ **Policy #:** _____

Are you listed in any sex offender registry? ☐ Yes ☐ No

I will abide by all policies, procedures, and regulations. I assume all risk and responsibility as I involve myself in activities at the FBCKC Ministry Center and accept all equipment for use as is without defects. I will inspect any equipment used and if acceptable, I agree it is in good repair. I also agree not to hold FBCKC, its employees, or volunteers liable for damage, loss, or injuries to the person or properties undersigned. In the event that I am unable to give sound judgement, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or an injection, anesthesia, or surgery as deemed necessary for me.
Fees may be paid monthly or annually.

Fees will be evaluated annually and changes will be made as necessary to maintain the operation of the facility. All fees are intended to help defray costs and maintain budget neutrality.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Office Use Only

☐ Member over 18 ☐ Member under 18 ☐ Non-member Card Facility Code:

☐ Access Card Fee Paid ☐ Monthly ☐ Annually Amount: $_____ Card Number:

First Baptist Church Kimberling City Ministry Center

Representation, Agreement, Release/Waiver of Liability and Indemnity Agreement

The undersigned, on behalf of the undersigned and his or her spouse, if any, and dependents, to the extent permitted by law, and on behalf of the undersigned's heirs, executors and administrators, hereby represent and agree as follows:

Representations/Agreement

1 .It has been explained to me that the use of the Ministry Center facilities, equipment and machinery, and my participation in the services, programs, and activities of the Ministry Center involve an inherent risk of injury to my person and property, including the possible risk of death.

2 .I understand and acknowledge that the foregoing risks include, but as not necessarily limited to muscle strains, sprains, or fatigue, fractured or broken bones or other orthopedic injuries, other muscular, neurological, orthopedic or other bodily injuries, stroke or other cerebral vascular incident or occurrence, heart attack or other cardiovascular incident or occurrence, mental, physiological, motor, visual or hearing injuries, deficiencies, or disturbances, partial or total paralysis, slips, falls, or other unintended loss of balance or bodily movements, heat stress, torn muscles, tendons or ligaments, pinched nerves, pinched body parts and event partial amputations which may arise from the utilization of some equipment, and other forms of bodily injury impairment, disability or event death. I understand and realize that my participation in various activities or programs at the Ministry Center, and my use of equipment or machinery involve risks of injury, impairment, disability, disfigurement and even death, but knowing, realizing, and appreciating these risks, I desire to participate in various athletic/fitness activities at the Ministry Center.

3. I represent that I am in good physical condition and have no disabilities, diseases, illnesses or other conditions that would prevent me from exercising at the Ministry Center or utilizing the facilities equipment or machinery.

4. I represent that I have consulted with a physician concerning activities that I wish to carry on at the Ministry Center and have determined, based upon the consultation, that I may engage in the contemplated activities at the Ministry Center and that I have received my physician's written approval to engage in such activities. If I have determined not to consult with a physician as to the contemplated activities to be carried on at the Ministry Center, I acknowledge that it has been recommended to me that I obtain such medical clearance prior to engaging in various activities.

5. I agree that all activities to be engaged at the Ministry Center's facilities are undertaken at my sole risk and that I will abide by the Ministry Center's rules and regulations as same may be amended from time to time.

6. Be my execution, hereof, *I hereby waive, prospectively release, discharge, and acquit the Ministry Center, it's directors, officers, employees, agents, volunteers and co-participants from any/all claim*s and from any account of, arising out of or while engaged in any activities, or while using any of the exercise equipment or machinery at the Ministry Center at any time during my existing time with the Ministry Center.

My prospective waiver and release shall apply to all claims, demands or causes of action including those that may rise out of the active/passive negligence of those hereby released. The undersigned and the Ministry Center agree that this provision shall not apply to any acts or omissions of gross negligence, intentional, wanton, or willful misconduct or criminal activity by any of those hereby released.

7. I do further agree to indemnify and hold the Ministry Center and all those released hereby absolutely harmless from any and all claims, demands, suits or causes of action, including all fees (including attorney fees), costs or expenses related hereto, that are instituted either by myself or by any of my heirs, executors or administrators, or by my spouse, or dependents related in anyway whatsoever to any use of the Ministry Center facilities, equipment or machinery, or arising out of my participation in any programs or service ces carried on at the Ministry Center.

8. I acknowledge and agree that the Ministry Center is not responsibility for lost or stolen articles. I further acknowledge that I should keep my valuables with me at all times while using the facilities. I acknowledge that storage space or lockers do not always protect valuable. Consequently, by executing this form and accompanying documents, I agree to assume all responsibility for my own property and to insure that property and to insure that property against any risk of loss as I see fit. By the release and prospectively give up any right to institute any claim or action against the Ministry Center or any of personnel relate to any lost or stolen property, including property lost or stolen due to the negligent act or omission of the Ministry Center and/or its directors, officers, agents, employees or other. I agree to indemnify and save the Ministry Center an all of its personnel harmless from any action, claim, suit or subrogated claim or suit instituted at any time hereafter against the Ministry Center and/or its directors, committee members, and employees related to the theft or loss of my property at the Ministry Center. I agree that the Ministry Center shall be indemnified by me for all costs, expenses, fees, incurred by the Ministry Center or its personnel by reason of any such action. The undersigned and the Ministry Center agree that this provision shall not apply to any acts or omissions of gross negligence, intentional, wanton or willful misconduct or criminal activity by any of those hereby released.

9. If any portion of this Agreement should be deemed to be invalid or contrary to law, then the remaining portion of portions of this Agreement shall be deemed to be valid and given full legal effect.

Name [print legibly] _____ Today's Date _____

Participant's Signature _____ Date of Birth _____

Parent/Guardian PRINTED NAME [if under 18]

Parent/Guardian SIGNATURE (if under 18)

_____ _____