

Nerf Blast 2018

For those 8 years of age to 18 years -I give permission for my daughter/son to attend the activity described above with Evangel Baptist Church. I authorize the Evangel Baptist Church to care for the administration and treatment for any minor injury or medical problem. I understand that if any injury or medical problem occurs which requires professional medical or emergency treatment, I give permission for the Evangel Baptist Church staff to summon professional emergency personnel, to attend, transport and treat my child. They are to attempt to contact me in case of an emergency but may do so after emergency care has been administered. I release Evangel Baptist Church, pastors, members, and participants involved from any liability. Furthermore, Evangel Baptist and its personnel will not be held liable for any accident, injury, incident or sickness during the Nerf blast. _____

NAME OF PARTICIPANT _____ SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

Family Physician _____ Physician's Phone _____

Specific medical allergies, chronic illnesses, or other conditions _____

Insurance Company _____ Policy# _____

Home Phone _____ Emergency Contact _____ Cell _____

For Adults 18 years of age and older- I am voluntarily attending the activity described above with Evangel Baptist Church. I authorize the Evangel Baptist Church to care for the administration and treatment for any minor injury or medical problem. I understand that if any injury or medical problem occurs which requires professional medical or emergency treatment, I give permission for the Evangel Baptist Church staff to summon professional emergency personnel, to attend, transport and treat me. They are to attempt to contact the name I've written below but may do so after emergency care has been administered. I release Evangel Baptist Church, pastors, members, and participants and church members involved, from any liability. Furthermore, Evangel Baptist and its personnel will not be held liable for any accident, injury, incident or sickness during the Nerf blast.

NAME OF PARTICIPANT _____ SIGNATURE _____ DATE _____

Family Physician _____ Physician's Phone _____

Specific medical allergies, chronic illnesses, or other conditions _____

Insurance Company _____ Policy# _____

Name to Contact in Case of Emergency _____

Home Phone _____ Emergency Contact _____ Cell _____