

**Grand Parkway Baptist Church**  
**Medical Information, Publicity Release and Commitment Contract**  
**JANUARY 2010- DECEMBER 2010**

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY. USE BLACK INK.)

Name	Home Phone Number	Cell Phone Number (if applicable)
Home Address	City	Zip
E-mail address	Grade	School
Social Security Number	Date of Birth	
Date of last Health Exam	Tetanus Shot	T.B. Test
Doctor /Clinic	Phone Number	
Spouse's Name	Phone Number	

**HEALTH STORY: (Check those that apply)**

**DISEASES:**  Chicken Pox  Measles  German Measles  T.B.  
**ALLERGIES:**  Animals  Food  Insect stings  Medicine/drugs  Plants  Pollen  Other  
*If any checked please explain:* \_\_\_\_\_

**SHOT RECORD:**  Hepatitis A  Hepatitis B  Tetanus Shot

**CHRONIC OR RECURRING ILLNESS:**

Ear infections  Contact lens wearer  Heart defect/disease  Seizures  Bleeding disorder  
 Asthma  Diabetes  Other (specify) \_\_\_\_\_

**IN THE LAST YEAR: (ANSWER YES OR NO)**

Complicating medical problems/operations?  Serious injury/illness requiring medical care?   
 Please explain: \_\_\_\_\_

**SPECIFIC INSTRUCTIONS CONCERNING Medical Care:** \_\_\_\_\_

**HOSPITAL INSURANCE INFORMATION: \* Please attach photo copy of insurance card.**

Name of Carrier	Policy Number	Group Number
Insured's name	SS#	

Company name if insured through employer: \_\_\_\_\_

**Family member(s) who may be contacted in case of emergency to authorize treatments:**

Name	Day Phone #	Evening Phone #	Relationship
Name	Day Phone #	Evening Phone #	Relationship

## TRANSPORTATION

I recognize that the driver of any such van or bus service that is arranged is not acting as an agent of Grand Parkway Baptist Church. It is my expressed intention to hold Grand Parkway Baptist Church and its Staff/Volunteer leaders, harmless for any and all injuries, death or damages from the results of any such transportation.

Initials \_\_\_\_\_

## PUBLICITY RELEASE

My signature on this day allows Grand Parkway Baptist Church to use photographs, voice, and/or videotapes of me for Public Relations. The information disclosed on this form may be released to Volunteer/Staff responsible for this activity, including, but not limited to group leaders, drivers, medical personnel, etc.

Initials \_\_\_\_\_

## Commitment Contract

1. All participants must obey all GPBC leadership without question or hesitation.
2. Participants are to be on time to all activities.
3. Participants are not allowed to bring the following items: alcoholic beverages, tobacco products, illegal drugs, fireworks or knives.
4. No portable games, CD players, MP3 players or cassette players unless permission is given.
5. No magic cards, Tarot cards.
6. No inappropriate t-shirts or revealing clothing.
7. One-piece bathing suits only are allowed.
8. No complaining or foul language may be used.
9. All participants must fill out forms and turn in money on time. If I cannot pay the full amount, a promissory agreement must be signed before I go on a trip.
10. Participants must participate in all activities unless waived by GPBC Staff.

## Participant Agreement

I, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS Grand Parkway Baptist Church, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the my activities at or sponsored by Grand Parkway Baptist Church.

In the event the I am injured while in the care of Grand Parkway Baptist Church and require(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I hereby authorize the Director of the activity, and/or representatives of Grand Parkway Baptist Church to give consent for me or if my emergency contact cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as Grand Parkway Baptist Church, free and harmless and agree to INDEMNIFY such person, as well as Grand Parkway Baptist Church, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

\_\_\_\_\_  
Signature and Date

**THIS FORM EXPIRES DECEMBER 2010.**