

# RELENTLESS

*pursuing Christ at all costs*

## Required Forms



## DISCLOSURE, PARTICIPANT INFORMATION & RELEASE

**DISCLOSURE:** Common Ground Adventures program involves a variety of activities that often include warmup games, group initiative problems, low and high ropes course elements and other physical adventure activities. The level of participation in a Common Ground Adventures program is at all times completely voluntary. Please understand, while Common Ground Adventures has taken precautions to prevent any mishap, it is impossible to guarantee absolute safety.

Our policy for participation in all Common Ground Adventures programs requires that every participant make known to the facilitator(s) conducting programs, certain health/ medical information, so that they are prepared to respond appropriately if the need arises. The following information will be read by your Common Ground Adventures program staff only and kept in strict confidence.

Participant's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### MEDICAL INFORMATION

Are you currently under a Doctor's care for any medical condition? If yes, please give details.

Any other preexisting conditions that might effect your safe participation in this program?

Any allergies or reactions to medicine? Yes:

No:

If so, please list.

### CONTACT INFORMATION

Person to be notified in case of emergency:

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY:** I understand that parts of the Common Ground Adventures program may be physically/emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Common Ground Adventures program activities. I recognize the inherent risk of injury, disability or death in the Common Ground Adventures program activities. The Participant hereby releases, waives, and covenants not to sue Common Ground Adventures, its members, officers, agents, attorneys, successors and/or assigns, for any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss or damage that may have been sustained by the Participant, regardless of whether such loss is caused by the negligence of Common Grounds, or otherwise, and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

**PROMOTIONAL MEDIA RELEASE:** By signing below, the Participant acknowledges that Common Grounds may reproduce or participate in videotape, motion picture, audio recording or still photograph productions that involves the use of Participant's likeness or voice. Such productions may be used for educational or exhibition purposes by Common Ground in perpetuity and may be copied, copyrighted, edited and distributed by Common Ground, including in print or on its website, in perpetuity unless said consent is withheld by initialing this box  , or revoked in writing at a future date.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)

# RELEASE OF ALL CLAIMS

FBC Tampa Student Ministry Annual Form

January 1–December 31, 2020

## STUDENT:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ School \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student's cell phone \_\_\_\_\_  
Student's e-mail \_\_\_\_\_

## PARENTS:

Father's Name \_\_\_\_\_ Father's Work/Cell \_\_\_\_\_  
Father's Email \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Mother's Work/Cell \_\_\_\_\_  
Mother's Email \_\_\_\_\_

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
Emergency Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Ins. Company Phone # \_\_\_\_\_  
Member's Name \_\_\_\_\_ Allergies \_\_\_\_\_  
Medication being taken \_\_\_\_\_  
Physical Handicaps or Special Conditions \_\_\_\_\_

## MEDICAL, PHOTO, AND SURGICAL WAIVER

### ***Also: Property Damage, Transportation for Disciplinary Reasons, Media Release and Personal Property Searches***

I am the parent and/or legal guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the First Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless **First Baptist Church** or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided. I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons. I authorize **First Baptist Church** to release or use my child's photograph in any still photograph, videotape, television, or digital media that will be produced, used, or distributed by First Baptist Church. I also give my permission to the First Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

\_\_\_\_\_  
**Parent or Guardian (Signature)**

\_\_\_\_\_  
**Parent or Guardian (Printed)**