



INFORMATION AND MEDICAL RELEASE
FOR ADULTS ONLY (Must be at least 19 years old)
Please print clearly!

**This form is valid for all NorthPark Baptist Church events taking place between
January 1, 2018 - August 31, 2018.**

Name _____ Date of Birth _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

T-shirt Size: _____

Emergency phone numbers: _____

Allergies: _____

Medicine currently taking: _____

Have you had a Tetanus shot in the last ten years? _____

INSURANCE INFORMATION (PLEASE ATTACH A COPY OF YOUR INSURANCE CARD)

Insurance Company _____

Name of Insured _____ Contract & Group # _____

I, _____, am informed of the activities offered by NorthPark Baptist Church (hereinafter "this church"). I hereby consent to attend and participate in all activities provided by this church. I give adult workers of this church the authority to provide or sign for medical treatment for myself.

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of "this church" as a result of my participation as a volunteer. I hereby release "this church" from all actions, claims, or demand that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.

Please initial here: _____

Signed: _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Signature of Notary _____

Notary Expiration _____



INFORMATION AND MEDICAL RELEASE
FOR STUDENTS ONLY (18 Years Old and Younger)
Please print clearly!

This form is valid for all NorthPark Baptist Church events taking place between
January 1, 2018 - August 31, 2018.

Student's Name _____ Grade _____ Date of Birth _____
Address _____ Phone _____ T-shirt size _____
City _____ State _____ Zip Code _____
Parent/Legal Guardian Full Name: _____
Emergency phone numbers: _____
Allergies: _____
Medicine currently taking: _____
Are your shots all up to date? _____ If not, which are due? _____

INSURANCE INFORMATION (PLEASE ATTACH A COPY OF YOUR INSURANCE CARD)

Insurance Company _____
Name of Insured _____ Contract & Group #s _____

I, _____ am the parent or legal guardian of _____ (hereinafter "my child"),
and I am informed of the activities offered by NorthPark Baptist Church (hereinafter "this church"). As the parent or
legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this
church. I give adult workers of this church the authority to provide or sign for medical treatment for my child.
While on the activities of this church I consent to my child riding on a chartered bus, church sponsored bus driven
by a licensed CDL driver or a vehicle driven by a student ministry worker or parent.

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against,
or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent,
or volunteer contractor of "this church" as a result of my child's participation. I hereby release "this church" from
all actions, claims, or demand that I, my assignees, heirs, guardians and legal representatives now have or may
hereafter have for injury resulting from my child's participation.

Please initial here: _____

Signature of Parent or Legal Guardian: _____ Date: _____

I will allow photos of my child at student events to be used in publications and on NorthPark Baptist Church's web
site (no individual names will ever be posted).

Yes _____ No _____
Signature of Parent or Legal Guardian Signature of Parent or Legal Guardian

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Signature of Notary _____

Notary Expiration _____