



2023 Adult Medical Release Form

Valid through December 31, 2023

Today's Date: _____

(Please PRINT the following information)

Participant's Information

Participant's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Employer: _____ Male Female T-shirt Size: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant's Cell Phone: _____ Participant's Email: _____

Medical Contact Information

In case of Emergency Contact: _____ Contact Number: _____

Insurance Company or Group: _____ Policy Number: _____

Physician's Name: _____ Contact Number: _____

Medical Information

List all medications *currently* taking:

Allergies, Medical Concerns, or other pertinent information: (please include what to do in case of allergic reaction)

Medical Treatment Consent

I, the undersigned participant, in the event medical treatment is required and I am unconscious or unable to respond, give my permission to Lone Oak First Baptist Church (or an adult sponsor) to secure the services of a licensed physician to provide the care necessary including: anesthesia or surgical diagnosis/treatment, for my well-being. I agree to be responsible for the costs and expenses incurred in connection with such medical services rendered pursuant to this authorization and will not hold Lone Oak First Baptist Church liable.

General Liability Release/Indemnity Notification

As the participant named above, I understand that participating in some activities sponsored or hosted by Lone Oak First Baptist Church will involve physical and/or emotional risks, whether stated or assumed. By signing this form, I hereby indemnify and hold harmless Lone Oak First Baptist Church, Inc., its employees, officers, directors, and other members from claims of liability that may result from past activities or events, the activities or event(s) for which this form is being completed, and for future activities or events. By signing below, I agree to the terms and conditions listed in the above authorization and medical release.

Printed Name: _____ Signature: _____ Date: _____