**GRASS VALLEY BAPTIST CHURCH**
**MEDICAL RELEASE & ACTIVITY WAIVER**

Name _____

Valid Through _____

**Note: Parents, we have reworked this form so that you do not have to fill one out for each activity in which your child participates. We will, however, ask you to fill out a new one every 12 months in order to keep us up to date on your child's medical history and other information. In addition, we are now asking you to have this form notarized.**

**Participant's Name:**_____

**Address:**_____

**City/State/Zip:**_____

**Church you attend:**_____

**Birthday:** _____ **Age:** _____ **T-shirt size:** _____

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**If under 18, Name of Parent/Guardian:**_____

**Address:**_____
**(If different from above)**

**City/State/Zip:**_____

**Employed by:**_____

**Daytime Phone:** (_____)_____ **Evening Phone:** (_____)_____

**Photographs taken of this participant may be used for promotional purposes. _____yes _____no**

## EMERGENCY MEDICAL AUTHORIZATION & ACTIVITY WAIVER

**I hereby release said Sponsor, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said Sponsor and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the Sponsor's activities.**

**In the event of an emergency, I hereby give permission to the church-appointed sponsors, GVBC staff, and/or activity personnel, who are with my child (above-named participant) to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.**

**I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.**

**I have executed this release on this _____ day of _____, 20_____.**

**Participant's Signature:** _____
**(If 18 or older)**

**Parent's Signature:** _____
**(If Participant is under 18)**

**State of Nevada**
**County of Humboldt**

**This instrument was acknowledged before me, a notary,**

**on the _____ day of _____, 20_____,**

**by_____**

_____
**Notary**

{Please turn over and complete the other side}

**Participant's Name:**_____

**Are you currently taking medicine or treatment?** _____**yes** _____**no**

**If yes, explain**_____

**Have you been restricted from sports or swimming for any reason?** _____**yes** _____**no**

**If yes, explain**_____

**Date of last Tetanus Immunization:** **Month**_____ **Year**_____

**Have you ever had a severe reaction to a bee/hornet sting or insect bite?** _____**yes** _____**no**

**Do you have:**

**____ Sinus Trouble** **____ Hay Fever** **____ Heart Trouble**

**____ Epilepsy** **____ Asthma** **____ Diabetes** **____ Other (Describe Below)**

_____

_____

**List any Allergies:**

**Food**_____

**Drugs**_____

**Other Medical Needs**_____

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**Insurance Company**_____

**Policy Number**_____

**If I cannot be reached, please notify:** _____

(_____)_____ **or** (_____)_____

**Anything else we should know about the participant:**_____

_____

**For Office Use Only**

{Please turn over and complete the other side}