

# 2025 calendar year

## Glynwood Baptist Church Information, Release Form, and Agreement Mandatory for Travel

### PARTICIPANT PERSONAL INFORMATION

Legal name of Participant (First, Middle, Last) \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Current Grade \_\_\_\_\_

Student Email \_\_\_\_\_

Parent Email \_\_\_\_\_

### MEDICAL AND INSURANCE INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Member ID \_\_\_\_\_ Address \_\_\_\_\_

Name of Insured \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies (name): \_\_\_\_\_

Allergic Reactions to insect stings/bites: \_\_\_\_\_ Poison oak, ivy, sumac \_\_\_\_\_

Please indicate Participant's level of swimming ability (check one):

NO SWIMMING \_\_\_\_\_ BEGINNER SWIMMER \_\_\_\_\_ INDEPENDENT SWIMMER \_\_\_\_\_

Previous operations or illnesses \_\_\_\_\_

ALL CURRENT medications \_\_\_\_\_

List any possible conditions or complications if current or prescribed medication is missed or not taken during portions of the trip:

Are there any medical conditions, physical, mental, or emotional, that could possibly pose a challenge under stressful situations? YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes" please specify: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

In case of emergency notify: Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

### **PARTICIPATION AGREEMENT**

By signing below, the undersigned authorizes the Participant's participation in Glynwood Baptist Church's trips, activities, and events for this calendar year. The Undersigned further acknowledges and accepts the risks of physical injury, illness (**including influenza, COVID-19, or any other respiratory illness**), or property damage associated with the Participant's participation with trips, activities, and events. The Undersigned accepts personal financial responsibility for any bodily or personal injury, illness to the Participant, or property damage sustained during church trips, activities, and events. Further, the Undersigned agrees to indemnify and hold harmless the sponsoring organization and its representatives for any claims arising from any injury or any illness to the Participant related to the trips, activities, or events.

### **MEDICAL AUTHORIZATION AND CONSENT TO EMERGENCY TREATMENT**

I certify to my knowledge that the Participant has not been exposed to any contagious diseases within the last 30 days. If the Participant becomes exposed to a contagious disease within 30 days of any trip, activity, or event during the term of this agreement, I will inform the church. I further authorize any licensed medical provider to diagnose and treat the Participant in any emergency. I hereby consent to the Participant receiving any medical treatment in the event of an emergency.

### **RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**

Individually and on behalf of the Participant, I do hereby release, acquit, hold harmless, and forever discharge the church, its agents, servants, representatives and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death, or property damage sustained by either the Undersigned or the Participant arising from or related to Participant's participation in any trip, activity, or event (including travel to and from such activities or events).

### **COVENANT AGREEMENT**

The Participant will **submit to the authority** of the Staff during preparation for and on the trip, activity, or event.

The Participant will conduct him/herself in a manner that glorifies God at all times.

The Participant will maintain **unity** and **peace** with other participants.

The Participant will maintain a healthy and positive attitude, especially in stressful situations.

The Participant will abstain from the use of drugs (other the medications listed above), alcohol, or tobacco while on the trip, activity, or event.

The Participant will be aware of safety issues and obey all rules of confidentiality and security.

The Participant will remain with the group and **participate** with the group.

### **PAYMENT OF EXPENSES FOR EARLY RETURN HOME**

If the Participant needs to be sent home from any trip, activity, or event for any reason (including but not limited to illness, injury, breach of the Covenant Agreement, disciplinary or other reasons in the discretion of the church's representative), the Undersigned will be responsible for and agrees to pay any and all expenses incurred.

### **WARRANTY OF LEGAL AUTHORITY**

The undersigned Parent/Legal Guardian warrants that I am the parent or legal guardian of the Participant and that I have full legal authority to grant all of the consents, releases, and other agreements herein on behalf of the Participant. I further warrant that all information in the agreement is true and correct and that the church or its representatives may rely on it to be accurate.

### **CHANGES IN MEDICAL CONDITIONS OR MEDICATIONS**

If at any time during the term of this agreement there is any change in the medications to be taken by the Participant or other health or medical conditions of the Participant, I will immediately notify the church in writing.

Initials: \_\_\_\_\_

## TERMS OF AGREEMENT

This agreement shall apply to all trips, activities, and events for the 7<sup>th</sup>-12<sup>th</sup> grades for the Glynwood Baptist Church Youth Department.

This signed agreement will remain in effect for the time shown above unless terminated in writing, in which case, all agreements set forth above with regard to any trip, activity, or event occurring prior to the date of termination shall survive the termination and remain in full force and effect.

SO AGREED, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Parent or Legal Guardian

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Participant