



2018 GOBC Students – Medical Release & Waiver

A completed original of this document is required for all students (regardless of age) in order to attend GOBC Students Overnight or Out of Town Events. Notarization and Guardian Signature are required for all participants under the age of 18.

Participant Info

Participant Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ Gender: ____ T-Shirt Size: ____

Street Address: _____

Emergency Contact: _____ Phone: _____

Relationship of Emergency Contact: _____

Physician: _____ Phone: _____

Insurance Company: _____

Phone: _____ Policy #: _____ Group #: _____

Are there any medical concerns that GOBC Student Ministry should be aware of? ____ YES ____ NO

If yes, please explain: _____

Release of Liability, Medical Treatment Permission and Photograph/Video Notice

I, the undersigned, do not hold Garden Oaks Baptist Church or GOBC Students liable for any injuries, accidents or illnesses incurred by me or my child while participating in any Student Ministry events throughout the 2018 calendar year. This includes, but is not limited to, injuries or illnesses incurred while on campus, while off campus or during travel. I am full aware of the risks involved in the activities that I/my child will be participating in and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may result from participation in Student Ministry events. I grant permission for adult chaperones attending with me/my child and/or any youth workers, volunteers or chaperones to obtain necessary medical attention for me/my child in the case of sickness or injury. I do not hold any of the aforementioned parties liable for any adverse results of medical care. I understand that I am responsible for the expenses of my/my child's medical care and that my/my child's insurance is primary. No other insurance is provided.

Furthermore, I understand that as a participant at Garden Oaks Baptist Church and GOBC Students, I/my child may be photographed or videotaped during normal and special activities, and I give permission for Garden Oaks Baptist Church and GOBC Students or any of its agencies to use pictures, video or audio



obtained during activities in promotional materials or other materials deemed necessary. I acknowledge that I have completely read and understand this document and all its terms and all matters referred herein, and I am signing voluntarily as my free act and deed. I understand that by signing this document I am releasing and forever discharging Garden Oaks Baptist Church, GOBC Students, and their employees, assignees, volunteers and constituents from any and all claims, costs, demands actions or causes of action, past, present or future, arising out of any damage or injury in connection with my or my child's participation at GOBC Students events.

Guardian Signature: _____

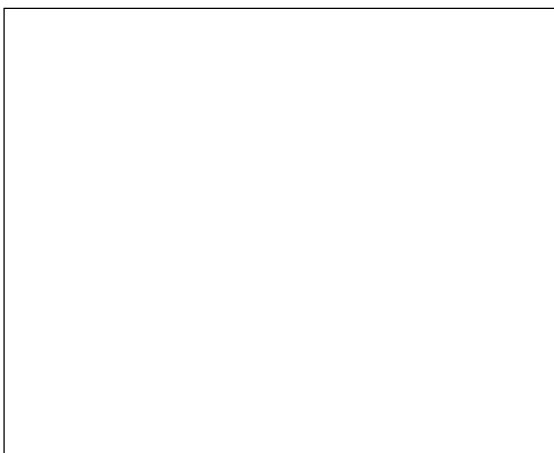
Print Full Name: _____ Date: _____

Participant's Signature (only if 18 years of age or older): _____ Date: _____

***** Notarization & Guardian Signature Required If Participant is under 18 years of age*****

Be it known, that on this _____ day of the month of _____, 2018, before me, the undersigned authority, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing document and who signed said document before me, and who is acknowledged in my presence that he/she/they signed the above and foregoing document as his/her/their own free act and deed and for the uses and purposes therein set forth and apparent.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.



Notary Public

Date