

LIABILITY RELEASE FORM (Adult)
Walton County Baptist Association
Release of All Claims

In consideration for being accepted by the Walton County Baptist Association (WCBA) for participation in the **Decrease Student Retreat at Laguna Beach Christian Retreat in Panama City Beach, FL** I do hereby release, forever discharge, and agree to hold harmless the WCBA and the directors, leaders, and members thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage, and expenses, of any nature whatsoever which may be incurred by myself while participating in the above-described trip or activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said WCBA to furnish any necessary transportation, food, and lodging for this activity.

The undersigned further hereby agree to hold harmless and indemnify said WCBA, its directors, employees, and agents, for any liability sustained by said WCBA as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I hereby grant my permission, in the event of incapacitation, to be taken to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I will assume all transportation costs.

Printed Name _____ **Date** _____

Signature _____

GENERAL MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION

ADULT NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL _____

Male () Female () check box Height _____ Weight _____

Does applicant have any physical limitation that might affect his ability to participate? YES () NO ()

If Yes, explain _____. Is applicant in general good health? YES () NO ()

Has applicant been exposed to any contagious diseases in the last 30 days? YES () NO ()

If so, what? _____

What illness has applicant had in the last six months if any? _____

Is applicant in need of regular medication? YES () NO () If so, what? _____

Is applicant allergic to any medicines or drugs? YES () NO () If so, what? _____

Is applicant allergic to any foods? YES () NO () if so, what? _____

Does applicant have updated tetanus shots? YES () NO () Date? _____

Does applicant have history of joint injuries or weakness? YES () NO () If so, what? _____

Has applicant had his appendix removed? YES () NO ()

Is applicant subject to any of the following conditions: Asthma, Heart Disease, Hypertension, Epilepsy, Hemophilia, or blood disorders, other? YES () NO () Please explain: _____

IN CASE OF EMERGENCY CONTACT: NAME _____ (Relationship) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL () _____ CELL () _____

HOSPITAL INSURANCE YES () NO () NAME OF INSURANCE CO. _____

POLICY/GROUP # _____ PHONE() _____

FAMILY PHYSICIAN NAME _____ PHONE() _____

I hereby give permission to receive emergency medical attention from a physician in the event of illness or injury. Effective 01/21/2022 to 01/23/2022.

(Signature)

(Date)