

PARTICIPANT FORM

Note: All Project Big Bend participants must complete this form. Participants under age 18 must have the signature of a parent and have their form notarized to be eligible to participate in a Project Big Bend project. This form includes a Medical Release and Model Release. **ALL SELECTIONS MUST BE COMPLETED FOR ELIGIBILITY. Social Security number below is optional and will only be used to expedite treatment in an emergency.** Return this form to your group leader as soon as possible. Group leaders are responsible for submitting this entire form to Project Big Bend at the project.

Please Print Legibly
Participant Information

Name: (Last) _____ (First) _____ Date of Birth ____/____/____ Age: ____ Sex: ____ Grade completed: ____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Social Security #: _____ - _____ - _____
Your Church: _____ Address: _____ City: _____ State: _____ Zip: _____
In Case of Emergency, contact (must be family member – list 2):
Name: _____ Cell# _____ Day#: _____ Night#: _____
Name: _____ Cell# _____ Day#: _____ Night#: _____

Project Information

Project Location: _____ Project Date: _____

Medical Profile

Generally, my health is: (Check One) Excellent Good Fair Poor
If Fair or Poor, please explain your condition: _____
List any medical difficulties for which you are CURRENTLY being treated: _____
List any medication you are CURRENTLY taking: _____
List any medicines or substances to which you are ALLERGIC: _____
Family Physician: _____
Physician's Address: _____
Date of **Tetanus Immunization** ____/____/____
Insurance Company: _____ Policy or Group#: _____
(attach copy of insurance card)
Address: _____ City: _____ State: _____ Zip: _____
Subscriber Name: _____ Subscriber Number: _____
Place of Employment: _____ Subscriber Occupation: _____ Work Phone: _____

Authorization for Medical Treatment

For myself and for and on behalf of my participant child under 18 years of age ("Participant"), I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatments, and administer medications to Participant as deemed necessary by a physician and Project Big Bend's Group Leader during the Project Big Bend project.

Release of All Claims

For and in consideration of participation in the Project Big Bend project, for myself and Participant I hereby acknowledge that we understand that risks, including inherently dangerous risks, are associated with the Project Big Bend project ("Risks"), and we hereby assume all such Risks, and for myself and Participant I hereby release Florida Baptist Association, and all of its agents, employees, Officers and Directors, including all Project Big Bend staff, and their respective licensees, successors and assign (collectively herein, "FBA"), from any and all Risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights to my and Participant's image(s) (collectively herein, "Claims"), and hereby hold FBA harmless and agree to fully indemnify FBA from and against any and all Claims. I hereby personally assume full responsibility for any and all Claims and for any and all hospital and medical bills for myself and Participant.

I hereby certify to FBA that I have obtained and will maintain in full force and effect during the Project Big Bend project adequate primary medical insurance for myself and Participant. I understand that only limited supplemental medical insurance may be provided for Project Big Bend participants, to which limitations and exclusions apply. In the event it is necessary for me or Participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Consent to Use and Publication of Image

For and in consideration of participation in the Project Big Bend project, for myself and Participant I hereby give FBA the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Project Big Bend project, and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional and printed copy, and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold FBA harmless and fully indemnify FBA from and against any and all Claims arising by virtue of any production, alteration, use, distribution, or disposition thereof, and from and against all Claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all claims for violation of any personal and all proprietary rights of that I or Participant may have or may claim to have in connection with such images and with the production, alteration, use distribution, and disposition thereof.

--Please complete and sign below (youth under 18 years of age requires parent/custodial signatures--

Participant's Signature: _____ Date: ____/____/____
Father/Custodial Parent Signature: _____ Phone: () _____ Date: ____/____/____
Mother/Custodial Parent Signature: _____ Phone: () _____ Date: ____/____/____

Notary Public

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (____/____/____).

Notary Public
My commission expires ____/____/____