



# ADULT Permissions & Medical Release Form (August 1, 2016 - August 31, 2017)

## PARTICIPANT INFORMATION: (Please Print)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_ Zip \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

## EMERGENCY INFORMATION:

In case of emergency, please contact the following:

1. Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone if applicable \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone if applicable \_\_\_\_\_

## MEDICAL INFORMATION:

Generally, the above participant's health is: (Check One)  Excellent  Good  Fair  Poor

If FAIR or POOR, please explain the condition \_\_\_\_\_  
\_\_\_\_\_

List any medical difficulties or conditions in which they are currently being treated \_\_\_\_\_  
\_\_\_\_\_

Check any of the following that is a known issues or problem as well as any additional information related to the

- problem (Check All that Apply)  ADD/ADHD  Anemia  Asthma  Bronchitis  Diabetes  
 Dizziness/Fainting  Epilepsy/Seizures  Heart Trouble  Kidney Trouble  Migraines/Headaches  
 Stomach Issues  Sinusitis  Thyroid Disorder

List any medicines, food or substances to which the participant is allergic \_\_\_\_\_  
\_\_\_\_\_

List any medicines the participant is currently taking including OTC vitamins, etc. \_\_\_\_\_  
\_\_\_\_\_

List any specific diet needs \_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Family physician's name \_\_\_\_\_

Phone \_\_\_\_\_ Hospital of choice \_\_\_\_\_

*Please submit a copy of your  
insurance card (front and back) to  
the church office.*

## MEDICAL RELEASE INFORMATION:

**Medical Attention:** I the undersigned \_\_\_\_\_, do hereby authorize Eastwood Baptist Church, church officials, ministry or event staffers, and adult leaders present to obtain necessary medical attention, including first aid in case of sickness or injury to the individual listed above.

- Consent to emergency treatment, including: diagnostic tests, medical, surgical, dental procedure or other treatment that may be necessary by the physician, surgeon, dentist or other health care professional providing care on my behalf and to employ such health care professionals in the case that the above individual is unable to do so
- Consent to admit the individual listed above to any hospital, clinic, emergency room, laboratory, or other health care facility for examination, treatment, surgery or care

**Release of Liability:** I, hereby verify that the information listed on this form is correct. I, hereby release Eastwood Baptist Church and their employees, volunteers, and event staffers from any and all claims, cost, demands, actions or causes of action past, present or future as a result of any damage or injury in connection with said individuals participation in event or trip. I agree to indemnify any employee, staffer, adult leader or representative of Eastwood Baptist Church from any and all claims, demands, damages, injuries, costs, suits or causes of action, past present, or future, arising out of or caused by the said individual while participating in the event or while on property used or owned by Eastwood Baptist Church. This authorization is extended to cover all travel to and from Eastwood Baptist Church East (500 Eastwood Avenue Bowling Green, KY 42103) and Eastwood Baptist Church South (9444 Scottsville Road Alvaton, KY 42202) and all events. It is understood that it is the individual's obligation to provide primary accident and medical insurance for the person listed above and declare that I am covered by primary accident and medical insurance. In the case that the individual is not covered by medical or accident insurance, I understand that I am personally assume the responsibility of all accident and medical costs.

**Assumption of Risk:** I am aware of the risks associated with participation in events, trips, and camps and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from the participation in event activities.

**Understanding:** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain advice of counsel and that, by signing this document I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this "Waiver and Release" shall be construed as a broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining portions shall continue in full force and effect. To the extent that restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a Christian conciliation/arbitration organization for binding resolution. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of the same shall be provided to Eastwood Baptist Church.

## MEDIA RELEASE INFORMATION:

I understand that I, \_\_\_\_\_ may be videoed or photographed during Eastwood Baptist Church events, camps, and trips both on-site at our campuses as well as off-site and that these photos/videos may be used in promotional materials at Eastwood Baptist Church as well as on our website, publications, and social media.

*Complete and sign below:*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
(only if 18 years or older)

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



# Background Check Application for anyone working with Children and Students 18 years and under (Ministerial, Volunteer, Paid)

This application is to be completed by all applicants for positions involving the supervising or custody of children. It will assist the church in providing a safe and secure environment for all preschoolers, children and youth. The term "child" or "children" includes all persons under the age of eighteen (18) years.

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Former Names Known By: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State / Zip)

Previous Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State / Zip)

Previous Address: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State / Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

When did you make your profession of faith in Christ? \_\_\_\_\_

When baptized? \_\_\_\_\_

Are you a member of this church? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

*Because we care for our children and desires to protect them, we ask you to please answer the following questions. We understand they are personal and we will protect your privacy.*

### Have you at any time ever:

- ⊕ Been arrested for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_
- ⊕ Been convicted of, or plead guilty or no contest to any crime? Yes \_\_\_\_\_ No \_\_\_\_\_
- ⊕ Engaged in, or been accused of, any child molestation, exploitation or abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you aware of:**

- ⊕ Having any traits or tendencies that could pose any threat to children, youth, or others? Yes \_\_\_\_\_ No \_\_\_\_\_
- ⊕ Any reason why you should not work with children youth or others? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the previous questions is "yes", please explain in detail:

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**Applicant Statement**

I hereby certify that I have read and completed the above application. My answers are true and correct to the best of my knowledge. I give permission for Eastwood Baptist Church to conduct a criminal-court background check on me now and at regular and/or random intervals. If allowed to work with children I agree to be bound by the bylaws and policies of Eastwood Baptist Church. I hereby authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Eastwood Baptist Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Once completed, this background check shall be deemed sufficient to serve in any capacity in preschool, children, or student ministries once approved by the respective pastor in charge of said area of ministry.

I authorize Eastwood Baptist Church to supply my service record, in whole or part, to any prospective or future organization or agency with a legal and proper interest in them. I understand that if allowed to serve, that any misrepresentation made by me in this application shall be considered sufficient cause for my dismissal without advance notice.

*Eastwood Baptist Church shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>For Office Use Only:</b></p> <p><input type="checkbox"/> Date submitted _____</p> <p><input type="checkbox"/> Date Completed _____</p>
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