



All participants and leadership must complete this form to be eligible to participate. Participants under the age of 18 must have the signature of a parent or guardian. The form includes Medical Authorization, Publicity Release, Agreement to Indemnify, Release of Liability, and Parent/Guardian Consent to Participate. ALL SECTIONS MUST BE COMPLETED FOR ELIGIBILITY. Return this form to your group leader as soon as possible. Group leaders are responsible for submitting the entire form to IMPACT Ministries Myrtle Beach, and making a copy of each, for your personal use.

PERSONAL DATA AND MEDICAL INFORMATION

Name(Last) _____ (First) _____ Birth Date/Age _____ / _____ Sex _____

Address _____

Emergency Contact _____ Day Phone _____ Night Phone _____

Other Emergency Contact _____ Day Phone _____ Night Phone _____

List **ALL** Known Allergies (including food, drug, insect bites, etc.) _____

Dietary Restrictions _____

Current Medications (state frequency and dosage for each medication) _____

Date of Most Recent Tetanus Immunization _____

Medical Conditions/Restrictions Preventing Normal Missions Activity _____

Physician _____ Phone _____

HEALTH INSURANCE INFORMATION

(Please attach a copy of the front and back of your insurance card)

Carrier Name and Contact Number _____

Policy Number _____ Name of Insured _____

Relationship of Insured to Participant _____

MEDICAL AUTHORIZATION

TO: THE ATTENDING PHYSICIAN AND/OR HOSPITAL

I/We hereby authorize reasonable and necessary medical care, including, but not limited to, any emergency surgical procedure or hospitalization deemed necessary by a qualified and licensed physician for the welfare of myself or the above-named participant, while attending the event at the IMPACT Ministries Myrtle Beach. I/We agree to be financially responsible for the costs of such treatment.

CONSENT TO DISCLOSE MEDICAL INFORMATION

I/We further authorize the IMPACT Ministries Myrtle Beach and its authorized representatives to disclose any health-related information for myself or the above-named participant, to any health care provider, until such time as you are able to reach me/us personally.

CONSENT AND RELEASE OF LIABILITY BY PARENT(S)/GUARDIAN(S), AND INDEMNIFICATION AGREEMENT

I/We hereby give approval for _____ (Individual's name) to attend **IMPACT Ministries Myrtle Beach** hosted by _____ (Church/Organization Name) from _____ to _____ (dates). In consideration for the individual being allowed to participate in this activity, I/we, for ourselves and our child, assume all risks and hazards related to the camp activities, including transportation to and from IMPACT Ministries Myrtle Beach; further, I/we do hereby release and discharge _____ (Church/Organization Name), IMPACT Ministries Myrtle Beach, and their respective directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, and chaperones from the church/organization (collectively referred to as "Released Parties"), from any loss, injury, or other damage to me/us and the Participant arising out of or in any way related to activities hosted by IMPACT Ministries Myrtle Beach, including all activities and transportation to and from IMPACT Ministries Myrtle Beach. I/we further agree to indemnify and hold harmless the released parties from any claims, losses, injuries, and/or other damages related to or arising from the above-named participant's participation in IMPACT Ministries Myrtle Beach, including but not limited to any claims submitted by or on behalf of the participant.

PUBLICITY RELEASE

In consideration for the participant being allowed to participate in IMPACT Ministries Myrtle Beach, I/We, for ourselves and our child, hereby authorize the IMPACT Ministries Myrtle Beach to record the participant and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising, and hereby release and discharge the IMPACT Ministries Myrtle Beach, and their directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, and chaperones from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

I/WE HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE FURTHER WARRANT THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

In witness whereof, I/we have executed this form on the date indicated below.

Participant's Signature _____ Date _____

A participant under the age of 18 requires one signature from the following:

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

THIS FORM MUST BE NOTARIZED BY THE PARTICIPANT IN THE PRESENCE OF A NOTARY

State of _____

County/Parish of _____

Sworn to and subscribed before me this _____ (date) by _____ (name of person acknowledged).

Seal: _____ (Signature of Person Taking Acknowledgment)

_____ (Title or Rank)

_____ (Serial Number, if any)