



# Medical Release & Activity Waiver-Part 1

<b>Participant Last Name, First Name</b>		<b>T-shirt size (circle one) S M L XL 2XL</b>	
<b>Address, City, State, Zip</b>			
<b>Phone (including area code)</b>			
<b>Age and Birth date</b>			
Parent/Guardian Name			
<b>Address, City, State, Zip (if different from above)</b>			
Parent/Guardian Employer			
<b>Daytime phone</b>	<b>Evening phone</b>	<b>Cell phone</b>	
<b>Insurance Company and Policy number</b>			
<b><u>If parent/guardian cannot be reached, contact:</u></b>			
Name			
Phone number (including area code)			
Church Name, City, State <i>the one you're attending this event with!</i>			

**Are you currently taking medicine or treatment?**      Yes  \_\_\_\_\_      No  \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Date of last Tetanus Toxoid Immunization:**      Month \_\_\_\_\_      Year \_\_\_\_\_

**Have you ever had a severe reaction to a bee/hornet sting or insect bite?**      Yes  \_\_\_\_\_      No  \_\_\_\_\_

If yes, identify: \_\_\_\_\_

**Do you have:**

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Epilepsy      |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Heart Trouble |

**Medications:** \_\_\_\_\_

**List Allergies:**

- Food \_\_\_\_\_
- Other \_\_\_\_\_

**Other Medical Needs**

\_\_\_\_\_

\_\_\_\_\_



# Medical Release & Activity Waiver-Part 2

Participant Last Name, First Name (please print)

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child at the event named below to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Sponsor: Utah-Idaho Southern Baptist Convention  
12401 South 450 East, #G1 P O Box 1347 Draper, UT 84020-1347

Activity: Utah-Idaho SBC SONFEST, August 6-7-8, 2021, Ogden, Utah  
Bible study, Praise/Worship, and Lagoon

In consideration of the permission granted to the participant named above, by the above named SPONSOR/CHURCH to participate in the above described ACTIVITIES, I hereby release said SPONSOR/CHURCH, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said SPONSOR/CHURCH, THEIR AGENTS AND EMPLOYEES, and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described ACTIVITY. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, 2021

Participant's Signature \_\_\_\_\_

Parent/Guardian Signature  
(for participant under 18) \_\_\_\_\_