



Medical Release & Activity Waiver-Part 1

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

- _____ Sinus Trouble
- _____ Hay Fever
- _____ Epilepsy
- _____ Diabetes
- _____ Asthma
- _____ 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 2-3, 2024 | Mountain View BC, Layton, Utah
Bible study, Concert, Breakout Sessions, Speaker, Games & Activities

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 _____, 2024

Participant's Signature _____

Parent/Guardian Signature
(for participant under 18) _____