

PARTICIPANT'S NAME: _____ CHURCH/CITY: _____

**BAPTIST CONVENTION OF NEW MEXICO
AUTHORIZATION TO PARTICIPATE IN ACTIVITIES**

I understand that camps, retreats, and other events involve some degree of risk of bodily harm. I also understand that The Baptist Convention of New Mexico will take reasonable measures to provide a safe environment.

FULLY UNDERSTANDING THIS RISK, if I sign this release for my child, I give permission for my child to participate in this event and engage in all activities that may be available at the event, **except for those activities I list below**. If I sign this release for myself, I assume the risk of all activities in which I participate. I understand that all activity participants must act at all times in a caring, trustworthy, fair, and responsible manner. Participation in these activities is a privilege.

If this release is for a child, I understand that my child must act at all times in a caring, trustworthy, fair, and responsible manner. Participation in this event is a privilege and I understand that my child must maintain the highest standards of behavior at all times. **If my child is dismissed from the event, I understand that I am responsible for immediately transporting my child from the event.**

Coronavirus contagion is a pandemic problem that affects every activity in our society. The medical and scientific data regarding these risks for children is changing all the time. **Each parent must evaluate these risks for their own child before consenting to send their child to a BCNM activity.** Each adult participant must also evaluate these risks for themselves. **The kinds of activities that may be available include, but are not limited to**, the following: hiking, archery, riflery, bouncy houses, ropes course, tower, mountain bikes, outdoor games, campfires, woodworking, tenting, leather work, rock shop, climbing wall, general camp programs, worship services, and Bible study.

If this release is for a child, I also give permission for my child to participate in event activities that may take place outside of the campground or activity location except those I list below.

These are the activities in which I do not want my child to be involved. You may list activities in addition to those listed above. _____

Signature – Adult Participant, or if this is for my child, Parent or Guardian _____ Date _____

***** If I want this form to constitute my consent to participate, to medical authorization and to liability release for all camps/events sponsored by BCNM in which “I or my child” participate for the current calendar year, 2021, I have signed my name here.*****

Signature – Adult Participant, or if this is for my child, Parent or Guardian _____ Date _____

BAPTIST CONVENTION OF NEW MEXICO
MEDICAL INFORMATION AND CONSENT TO EMERGENCY TREATMENT

Please complete this form in its entirety and return it to your event leader/sponsor before the scheduled event. No Participant (adult or minor) may attend any of the Baptist Convention of New Mexico sponsored camps, retreats, or event without this completed, witnessed form.

Participant Information:

Participant Name: _____
If minor, name of Parent or Guardian: _____
Address: _____ Birth Date: ___/___/___ Age Now: _____
City, State, Zip: _____
Phone: Home (____) _____ Work (____) _____ Mobile (____) _____

Physician / Health Information:

Physician Name: _____ Phone: Day _____ Night _____
Date of last Tetanus or booster shot: ___/___/___ Are all immunizations current? Yes _____ No _____

If no, please explain: _____

List all medical conditions for which Participant is currently being treated (attach extra sheet, if needed) _____

List all medications currently being taken (include precise directions regarding dosing): _____

List all allergies, including food allergies: _____

Important Note to Participant or Parent/Guardian of Participant regarding food allergies: We regret that we do not have the facilities or personnel to insure that any particular meal is free of any allergens. Accordingly, we cannot provide allergy-free meals. We will be glad to serve any special foods that you send, but the Participant must take personal responsibility for avoiding foods that cause an allergic reaction.

Another Note to Participant or Parent/Guardian of Participant: Your church sponsor will be responsible for handling, storing and administering all medications. Four over-the-counter medications are available if needed and if authorized by you. Please indicate if your church sponsor may give the Participant these medications:

Acetaminophen ___ Yes ___ No **Ibuprofen** ___ Yes ___ No **Benadryl** ___ Yes ___ No **Antacid** ___ Yes ___ No

What other important medical information do you believe we need to be aware of? _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If participant is covered by medical insurance, a copy of the insurance card must be attached to this form.

I give permission, by my signature on this document, for emergency medical treatment of Participant. I also assume complete financial responsibility for all medical expenses incurred. I also give my permission to communicate the medical information contained in this authorization to the providers of emergency medical treatment. I have legal authority to consent to emergency medical treatment for my child.

PUBLICITY AUTHORIZATION

BCNM produces videos, including sound, and photographs of every event and these are used in reports and publicity, both locally and nationally, including the BCNM website. We have not found a practical way to separate Participants. THEREFORE, YOUR SIGNATURE ON THIS DOCUMENT, AS WELL AS YOUR PARTICIPATION IN THIS CAMP/EVENT, OR THE PARTICIPATION OF YOUR CHILD, CONSTITUTES YOUR CONSENT FOR THE USE OF MEDIA BY BCNM THAT MAY INCLUDE YOU OR YOUR CHILD, OR BOTH.

Signature – Adult Participant, or if this is for my child, Parent or Guardian

YOUR SIGNATURE **MUST** BE WITNESSED BY A STAFF MEMBER OF THE CHURCH OR THE VOLUNTEER CHURCH SPONSOR OF THE EVENT. **IF DOCUMENT IS NOT WITNESSED, PARTICIPANT WILL BE SENT HOME.**

WITNESS

This document was signed and dated in my presence by _____, a person known to me, who represented that this document was signed under penalty of perjury.

My position with the church: _____

PARTICIPANT'S NAME: _____

CHURCH/CITY: _____

BAPTIST CONVENTION OF NEW MEXICO

RELEASE OF LIABILITY FOR HARM AND AGREEMENT NOT TO SUE

I agree, in consideration of the privilege of my child's participation in this event, and I affirm that I have read this document in full. I agree I can never bring a lawsuit, sue, or make a claim against BCNM and I release BCNM from all liability for negligence, bodily injury, death, property damage, and economic harm that may happen in connection with this activity. I agree never to sue BCNM.

I understand that activity events involve some risk of bodily injury, death, and property damage, and that this release is for events that might happen in the future.

I understand that if I revoke this Authorization to Participate in Activities or this Release of Liability for Harm and Agreement not to Sue that I will immediately send a written notice to BCNM by delivering it to them at their offices located at 5325 Wyoming Blvd N.E., Albuquerque, NM 87109.

I represent to BCNM that I have full authority to sign this Authorization to Participate in Activities and Release of Liability for Harm and Agreement Not to Sue on behalf of my child and that there is no need for approval by anyone else. I have full authority to consent to my child's participation in this event and to release liability without the need for approval by anyone else.

I agree not to sue, file a lawsuit, or make claims against BCNM, but if I do, I will pay all of BCNM's costs, attorney fees, and all other financial liability in connection with a claim or lawsuit.

I understand that, as the words are used in this Release of Liability for Harm and Agreement Not to Sue, "I" includes my child and me.

"BCNM" includes The Baptist Convention of New Mexico, a nonprofit corporation, and its affiliated organizations and entities, and its employees, volunteers, agents, and representatives.

Signature – Adult Participant, or if this is for my child, Parent or Guardian

Date

03/2021 REV