

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 events without this completed form.

Participant Information:

Participant Name: _____ Birth Date: ___/___/___ Age Now: _____

If minor, name of Parent or Guardian: _____

Address: _____

City, State, Zip: _____

Phone: Home (____) _____ Work (____) _____ Mobile (____) _____

Secondary Contact Name: _____ Phone: (____) _____

(If listed parent/guardian cannot be reached)

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

List other important medical information on back of form. _____

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. 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. **THEREFORE, YOUR SIGNATURE ON THIS DOCUMENT IS REQUIRED.**

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

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.**

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
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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