

## Medical Release/Activity Waiver - Part 1

<b>Participant Last Name, First Name</b>		
M or F (circle) Age _____ Date of Birth _____		
K=Ski B=Snowboard N=No Equip needed _____ Height ____ Weight _____ Shoe Size ____		
Ski Skill Level _____ (1-Beginning 2-Intermediate 3-Advanced)		
Address, City, State, Zip		
Phone (including area code)		
<b>Parent/Guardian Name</b>		
Address, City, State, Zip (if different from above)		
Parent/Guardian Employer		
Daytime phone	Evening phone	Cell phone/pager
Insurance Company and Policy number		
<b><u>If parent/guardian cannot be reached, contact:</u></b>		
Name		
Phone number (including area code)		
<b><u>Church Name, City, State</u></b>		

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



*March 12-14, 2010*

## **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 above named event 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  
Address: 12401 South 450 East, #G1 P O Box 1347 Draper, UT 84020-1347

Activity: Utah-Idaho SBC Ski & Share 2010, March 12-13-14, 2010  
Bible study, Concert, Skiing (at Pomerelle Ski Resort), Burley, Idaho

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 \_\_\_\_\_, 2010.

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

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

**Please copy Medical Release/Activity Waiver part 1 on reverse**