

# MINISTRY ACTIVITY PARTICIPANT (MINORS UNDER 19 YEARS OF AGE)

*This form will be effective for participation in any Lakeview Ministry Activities that begin on or after the date this document is signed & notarized through & ending on July 31, 2020.*

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## PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Minor's Name (per Passport or Driver's License):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex (v one): \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

In Case of Emergency, please contact: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

2nd Emergency contact: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

We, \_\_\_\_\_ & \_\_\_\_\_ are the parents or legal guardians ("Participant's Guardians") of \_\_\_\_\_, a minor child under 19 years of age ("Participant").

## AUTHORIZATION FOR MEDICAL TREATMENT

Participant's Guardians authorize & consent to a member of the Lakeview's Leadership Team, including a mission team member, camp leader or staff member (hereafter "Lakeview Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant's Guardians authorize the Lakeview Designee to summon any & all professional emergency personnel to attend, transport & treat Participant & to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by & to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority & power on the part of the Lakeview Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant's Guardians assume personal responsibility for all medical bills & certifies that they have secured primary medical insurance for Participant. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant's Guardians hereby assume responsibility for all related transportation &/or communication costs.

## MEDICAL HISTORY

Hospital Insurance:            Yes    \_\_\_    No    \_\_\_    Name of Insured on Account: \_\_\_\_\_

Place of Insured's Employment: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Illnesses: (Please list all chronic illnesses and give details as needed)

Current Medications: (List all dosages and milligrams) \_\_\_\_\_

Allergies: (i.e. food, penicillin, etc.) \_\_\_\_\_

Previous operations/additional medical information: \_\_\_\_\_

## PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant's Guardians hereby gives Lakeview Baptist Church the absolute & irrevocable right & permission to use Participant's name & to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images &/or moving pictures &/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, &/or recorded during any Youth Ministry Activity, & therefore to circulate the same in all forms & media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever.

## PRE-INJURY WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

We realize and acknowledge that Participant's participation in a Lakeview Baptist Church of Auburn, Alabama ("Lakeview") event, mission trip, ministry project, youth camp, field trip, sports activity or activity of any kind (collectively "Youth Activity") anywhere within the United States, in an international country & travel to & from a Youth Activity, includes many risks & possible dangers. We further acknowledge that a Youth Activity may expose Participant to accidents, disease, war, political unrest & inherently dangerous activities, including by general description & not by way of limitation, horseback riding, go-cart racing, swimming, water skiing, jet skiing, other water sports, hiking, archery, sports activities & any other activities in which youth may engage (collectively "Risks"). We have measured the Risks against the benefits of Participant participating in a Youth Activity & have determined that the benefits far outweigh the Risks.

In good & valuable consideration, including but not limited to Participant being allowed to participate in a Youth Activity, & to the fullest extent permitted by law, we on behalf of ourselves, heirs, executors, administrators & Participant unconditionally agree to waive, release & hold harmless Lakeview, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Lakeview Baptist church staff members, & assigns (collectively "Lakeview Releases") from any & all liability, claims, demands & causes of action for personal injury, sickness, disease, death, damages, property damage & expenses of any nature (collectively "Claims"), incurred by us &/or Participant, arising out of or related to in any way to a Youth Activity, including negligence &/or fault, in whole or in part, of the Lakeview Releases. This Pre-injury Waiver, Release,

and Hold Harmless Agreement applies to all Claims that exceed insurance coverage payments, if any, actually received by Lakeview. If no insurance payments are received by Lakeview, then this Lakeview Baptist Church of Auburn, Alabama Youth Activity Form For Minors Under 19 Years Of Age Authorization For Medical Treatment and Photographic And Reprographic Release And Pre-injury Waiver, Release And Hold Harmless Agreement ("Youth Activity Form") applies to all Claims. However, there is no obligation, express or implied, for Lakeview to procure insurance coverage to cover any potential Claim. Lakeview will use reasonable efforts to obtain commercially reasonable & available commercial liability insurance. Lakeview affirms that the safety & well-being of all Participants is of utmost importance.

Participant's Guardians have considered the ability to obtain independent insurance coverage & certify that we have secured primary medical insurance for Participant or have other means to cover the expense of any loss, damage or injury, as described above, & we accept the Risks & associated expense.

To the extent any of the terms or provisions of this Youth Activity Form is deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are deemed unenforceable shall be stricken & the remaining terms & provisions shall remain in full force & effect to effectuate the intent of the parties for this Youth Activity Form to be an enforceable non-commercial pre-injury release of a minor under Alabama common law.

This form will be effective for participation in any Lakeview Youth Activity that begins on or after the date this document is signed and notarized through and ending on **July 31, 2019**.

Participant's Guardians acknowledge that they are the parents &/or legal guardians of Participant, have read & understood this Youth Activity Form in its entirety & have signed & delivered it voluntarily.

#### **DISPUTE RESOLUTION**

Participant's Guardians believe the Bible commands them to make every effort to live at peace & to resolve disputes in private or within the Christian church (Matthew 18:15-20; 1<sup>st</sup> Corinthians 6: 1-8). Therefore, Participant's Guardians agree that any Claim or dispute arising from or related to this Youth Activity Form shall be settled by Biblically-based mediation & if necessary, legally binding arbitration in accordance with the Rules of Procedure for The Institute For Christian Conciliation. All such mediation & arbitration shall take place in Lee County, Alabama. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. The Participant's Guardians understand that these methods shall be the sole remedy for any controversy or Claim arising out of this Youth Activity Form & Guardians & Participant expressly waive their right to file a lawsuit in any civil court against Lakeview, its trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives, Lakeview & staff members, Lakeview Designees & assigns, for such disputes, except to enforce an arbitration decision. The Participant's Guardians agree that the prevailing party in any dispute will be entitled to attorneys' fees, costs & expense of litigation & that Participant's Guardians will be responsible for such attorneys' fees, costs & expense of litigation should Lakeview be deemed the prevailing party in any action. The Arbitrator(s) shall determine entitlement & amount of attorneys' fees, costs & expense of litigation. For more information regarding The Institute for Christian Conciliation, please go to their website at [www.peacemaker.net](http://www.peacemaker.net).

**PLEASE COMPLETE AND SIGN BELOW**

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Printed Name of Parent(s) or Guardian(s)

\_\_\_\_\_  
Printed Name of Parent(s) or  
Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, by \_\_\_\_\_  
Name of Person(s) Acknowledging

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_ Personally Known to me or

\_\_\_\_\_ Produced Identification

Type of Identification Produced: \_\_\_\_\_