

MINISTRY ACTIVITY PARTICIPANT (ADULT - 19 YEARS & OLDER)

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.

1. PARTICIPANT INFORMATION
2. AUTHORIZATION FOR MEDICAL TREATMENT
3. RELEASE, INDEMNIFICATION & HOLD HARMLESS AGREEMENT
4. PHOTOGRAPHIC & REPROGRAPHIC RELEASE

PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Name (per Passport or Driver's License):

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Sex (v one): _____ Male _____ Female

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____ Ext: _____

Primary Email Address: _____

Participant's Church Membership: _____ Lakeview Baptist Church
_____ Other

Church Name: _____

Church Address: _____ City: _____ State: _____ Zip: _____

In Case of Emergency, please contact: _____ Relationship to you: _____

Home Phone: _____ Cell: _____ Work: _____ Ext: _____

I, _____ ("Participant") realize & acknowledge that my participation in a Lakeview Baptist Church of Auburn, AL, Inc. ("Lakeview") event, mission trip, ministry project, youth camp or activity of any kind (collectively "Ministry Activity") anywhere within the United States, in an international country & travel to & from a Ministry Activity, includes many risks & possible dangers. Participant is aware that participation in a Ministry Activity exposes him/her to risks, including but not limited to, accidents, disease, war, political unrest, injury from construction projects & other physical, emotional & economic harms (collectively "Risks"). Participant hereby assumes all Risks that might result from his/her participation in any Ministry Activity.

AUTHORIZATION FOR MEDICAL TREATMENT

Participant authorizes & consents to any adult member involved in a Ministry Activity (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 authorizes 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 assumes personal responsibility for all medical bills & certifies that he/she has secured primary medical insurance for him/herself. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant hereby assumes responsibility for all related transportation and/or communication costs.

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: _____

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In good & valuable consideration, including but not limited to, being allowed to participate in a Ministry Activity, & to the fullest extent permitted by law, Participant unconditionally agrees to release, hold harmless & indemnify Lakeview & _____ [Participant's home church, if applicable], its/their trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives & assigns (collectively "Lakeview Releasees") from any & all liability, claims, demands & causes of action for personal injury, sickness, disease, death, damages, property damage, expenses of any nature incurred by Participant Lakeview Releasees, including attorneys' fees & costs, arising out of or related to in any way to a Ministry Activity, including negligence, gross negligence &/or fault, in whole or in part, of the Lakeview Releases & Lakeview Designee.

PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant hereby gives Lakeview 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 Lakeview 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. Participant also consents to the use of any printed matter in conjunction therewith, & waives any right to inspect &/or approve the finished product(s) or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith & any right that Participant may have to control the use to which said product(s), copy &/or soundtrack may be applied. Participant discharges & agrees to save & hold harmless Lakeview from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, & from liability for violation of any personal or proprietary right that Participant may have in connection with said images & with the use thereof.

Participant agrees to make every effort to live at peace & to resolve disputes with others in private or within the Christian church (Matthew 18:15-20; 1st Corinthians 6:1-8). Therefore, Participant agrees that any claim or dispute arising from or related to this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement & (3) Photographic And Reprographic Release shall be settled by Biblically based mediation &, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of 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. Participant understands that these methods shall be the sole remedy for any controversy or claim arising out of this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement & (3) Photographic And Reprographic Release and expressly waives his/her right to file a lawsuit in any civil court against Lakeview Releasees &/or Lakeview Designees for such disputes, except to enforce an arbitration decision. Participant agrees that the prevailing party in any dispute will be entitled to attorneys' fees, costs & expense of litigation. The Arbitrator(s) shall determine entitlement & amount of attorneys' fees, costs & expense of litigation.

PLEASE COMPLETE AND SIGN BELOW

To the extent any of the terms or provisions of this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement, & (3) Photographic And Reprographic Release are deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are unenforceable shall be stricken & the remaining terms & provisions shall remain in full force & effect.

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Participant acknowledges that he/she is eighteen (18) years of age or older, has read & understood this form in its entirety & has signed & delivered it voluntarily.

Participant's Signature

Date

NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20 _____, by _____.
Name of Person Acknowledging

Signature of Notary Public

Printed Name of Notary Public

_____ Personally Known to me or

_____ Produced Identification

Type of Identification Produced: _____