

# FUGE RELEASE FORM

Bring TWO notarized copies of this sheet to registration. Turn one in and keep one for yourself to have with you at camp. Attach a photocopy of insurance form or card.

Fuge Venue \_\_\_\_\_  
Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
Name of Church \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_ Phone Numbers - Home:(\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_ Pager:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

## Medical Profile

Generally, Participant's Health is: (Check One) \_\_\_Excellent \_\_\_Good \_\_\_Fair\_\_\_Poor

If Fair or Poor, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems and explain: Asthma\_\_\_ Sinusitis\_\_\_ Bronchitis\_\_\_\_\_

Kidney Trouble\_\_\_ Heart Trouble\_\_\_ Diabetes\_\_\_ Dizziness\_\_\_ Stomach Upset\_\_\_ Hay Fever\_\_\_

List any any medicines or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Childhood Diseases:\_\_\_Chickenpox\_\_\_ Measles\_\_\_ Mumps\_\_\_ Whooping Cough\_\_\_ Other \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number \_\_\_\_\_ Place of Employment \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the Fuge Venue, the Church, camp or event sponsors and state conventions and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Participant's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Notary Acknowledgement (Notary: please affix seal to both sheets.)

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ Notary Public personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that that h/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State that the foregoing paragraph is true and correct.

WITNESS my hand an official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

# REFUSAL/ABSENCE OF VITAL INFORMATION

To LifeWay Christian Resources:

Please let this serve to confirm that, despite LifeWay's request for such information, I am unable or refuse to provide a Social Security number in connection with the medical release for my child. I understand that the absence of this information in the medical release could cause delays or other problems in securing medical attention for my child. To induce LifeWay to permit my child to participate in the camp and related activities despite the absence of such information, I hereby release LifeWay Christian Resources, its employees, agents and contractors, and hold them harmless from and against any and all claims for any and all damages and expenses relating to LifeWay's failure to have this information.

Parent/Legal Guardian Signature:

Notarization Required

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date: \_\_\_\_\_

Printed Name & Address

Signature

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

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