

2019 Medical and Surgical Waiver

Trinity Baptist Church

2830 W. Ferguson Road, P.O. Box 690, Mt. Pleasant, TX, 75456, 903.572.1959

Instructions:

The 2019 Medical and Surgical Waiver will apply to all children and youth events, trips, and projects from January 1, 2019 through December 31, 2019. Its intent is to give Trinity Baptist Church an adequate, current and usable record of each student's medical information, and to provide hospitals information they may need to have, including permission, in the event that any student needs medical attention. Please be accurate and complete with each answer. It is the responsibility of the parent or guardian to keep this information current, i.e., to update the information in the event of any change or additional information which may need to be added. **Please have your signature(s) notarized. Many hospitals require notarization. Free notarization provided at Trinity.**

Personal Information:

Participant's Name _____ Birthday _____

Participant's Social Security Number: _____

Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

Cell Phone () _____

Medical Information:

Family Physician _____ Phone Number () _____

List below (or write "none"), any physical defects or conditions that the participant has such as allergies, asthma, nervousness, headaches, dysmenorrhea, etc. Please be complete, even if you do not currently consider any such condition significant.

Should the participant require medical attention at any time, list any special instructions (or write "none") which the participant might require such as being allergic to penicillin, having a rare blood type, etc. Again, please be complete, even if you do not consider any such allergies or conditions significant. (Our goal is to be complete so that, in the event care or treatment is needed, all known information will be available.)

Current immunizations (give date, or write "none"): Tetanus _____ Polio _____

Medical Insurance:

Company Name _____

Policy Number _____ Phone Number () _____

Check here if participant has NO Medical Insurance []

Waiver:

1) To be filled out by parents or legal guardians of participant under 18 years of age.

I, _____ the parent and/or legal guardian of _____

a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with Trinity Baptist Church of Mt. Pleasant, Texas, in which he/she, with approval, registers to participate.

I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that an emergency arises, necessitating medical or surgical attention, I hereby consent and give my permission to Trinity Baptist Church staff, its representatives, and/or the sponsors and any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge and covenant to indemnify and hold harmless Trinity Baptist Church or its representatives, and sponsors, and any attending physician, from any and all actions and causes of actions, related risks and damages, including injuries and damages arising from their individual, joint, or concurrent negligence; injuries, damages, and liabilities arising out of the negligent treatment of any sickness or accident, and any and all financial responsibility for all medical treatment provided during the attendance of any trips.

I also assume responsibility for providing transportation from the event location should it be necessary for disciplinary reasons. *

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

_____ * Parents' or Legal Guardians' Signatures _____ Date _____

On this day personally appeared _____, who is/are personally known to me and acknowledge to me that he/she/they is/are the parent(s)/legal guardian(s) of _____
And that he/she/they executed this Medical and Surgical Waiver for the purposes of allowing the named student to participate in church activities and to allow Trinity Baptist Church, its staff, and sponsors to make decisions to obtain medical care should it become necessary and proper, in their sole discretion, during such activities.

Sworn and subscribed before me on this the _____ day of _____, 2019.

Notary Public in and for the State of Texas
My commission expires _____

2) To be filled out by participants who are currently 18 years of age or older, and all sponsors.

I am 18 years of age or older and have read the above Medical and Surgical Waiver and agree to the same terms. I hereby release, acquit, discharge, and covenant to indemnify and hold harmless Trinity Baptist Church or its representatives, and the sponsors, and any attending physician, from any and all actions and causes of actions, injuries, damages, and liabilities arising out of the negligent treatment of any sickness or accident, and any and all financial responsibility for all medical treatment of any sickness or accident, and any and all financial responsibility for all medical treatment provided during the attendance of any trips.

I also assume responsibility for providing any transportation from the event location should it be necessary for disciplinary reasons.

_____ * Signature of Student/Sponsor over 18 years of age _____ Date _____

On this day personally appeared _____, who is personally known to me and acknowledged to me that he/she executed this Medical and Surgical Waiver for the purposes participating in church activities and allowing Trinity Baptist Church, its staff, and sponsors to make decisions to obtain medical care should it become necessary and proper, in their sole discretion, during such activities.

Sworn and subscribed before me on this the _____ day of _____, 2019.

Notary Public in and for the State of Texas
My commission expires _____



PURLEY GATES RETREAT

1351 FR 900E · Mt. Vernon TX 75457-7004 · Phone: 903.860.3329 · Fax: 903.860.2791

Purley Gates Retreat

Assumption of Risk & Release

Group Name: _____

Name of Participant: _____ Date of Birth _____

I (Adult) or my parents or guardian (youth), (please circle one) have been informed and made aware that during my stay at Purley Gates Retreat, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, my participation in water activities of all kinds, as well as other such activities, including horseback riding, arranged for me by my organization and/or my group leader. We are informed and are aware of these risks and dangers, and we assume them. In consideration of Purley Gates Retreat providing the facilities and my willingness to engage in the above-described and other various activities, I have and do hereby hold Purley Gates Retreat, operated by TEAM Family Foundation, its officers, directors, trustees, agents, employees and/or volunteers harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which I have now or which may arise from physical or emotional injury, including fatality, from and in connection with my stay or participation in activities at Purley Gates Retreat which have been arranged for me by my organization or my group leader. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators and for all members of my family.

In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I hereby authorize the calling of a doctor or the providing of other necessary medical service should an emergency arise as determined by my organization director or other leader.

I hereby assign and grant to Team Family Foundation d/b/a Purley Gates Retreat the right and permission to use and publish any photographs/film/videotapes/electronic representations and/or sound recordings made of me by the Team Family Foundation d/b/a Purley Gates Retreat, and I hereby release the Team Family Foundation d/b/a Purley Gates Retreat from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Team Family Foundation d/b/a Purley Gates Retreat and I specifically waive any right to any compensation I may have for any of the foregoing.

Organization: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

Home Phone: _____ Work Phone: _____

Emergency Name/Phone number in the event the above cannot be successfully reached.

Name: _____ Phone: _____



A youth camp and retreat facility located in Purley, Texas, operated by the TEAM Family Foundation.