

COMPLETE & RETURN TO INFO CENTER BY 2PM OF THURSDAY 1/7/10

DISCLOSURE AND MEDICAL INFORMATION FORM (DMIF)

Calvary Baptist Church

Program Date(s): Thursday 1/7/10 – Saturday 1/9/10

Disclosure:

Participation in any of the team building initiatives involves challenges and responsibilities. The level of participation in an activity is at all times completely up to the individual's choice. There are differing levels of risks in these activities, which must be assumed by each participant. An individual may suffer an emotional or physical injury or disability.

By signing this form and participating in adventure activities, you and your parent/legal guardian agree, with the intent to be legally bound by your agreement, that you have voluntarily assumed all of the risks involved with and attendant to any of the activities in which you will be participating. As such, Calvary and all others involved in these activities cannot be sued for any claim at all. You also agree that you have answered all of the questions on this form truthfully and that the staff and its employees can rely on those answers.

Calvary Baptist Church's policy for participation in all activities requires that the participant's health and accident insurance provide their primary coverage. Calvary Baptist Church reserves the right to refuse services to those persons not covered by health and accident insurance and /or to those who present an unreasonable risk to themselves or others when engaging in activity(ies).

Calvary Baptist Church advises appropriate health and medical information be made known. For those participating in team building activities, appropriate health and medical information **MUST** be communicated prior to the start of risk activities or at time of arrival. This information is used exclusively to help with preparations, to respond appropriately if the need arises, and is not made available for other purposes.

Please complete fully the form below and on the back of this page. Return the completed form as directed by your leader(s). Thank you.

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APPLICANT INFORMATION

please print

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Social Security #: _____

Health / Accident Insurance Co.: _____

Name on Policy: _____ Policy Number: _____

Blood Type: _____

Emergency Contact Person: _____

Emergency Contact Address: _____ Phone: (____) _____

Doctor's name: _____ Address: _____

Medical Questionnaire on back of this page.

Medical Information

1. Do you have any limiting physical disabilities, handicaps, or chronic joint conditions (temporary or permanent)?
Do you have a history of back injury(ies), pain, or chronic back problems?
If yes, please explain: _____

2. Are you currently taking medication(s)? If so, list the type of medication, for what condition it is prescribed, and the recommended dosage. The participant must bring adequate amount of medication in a waterproof, non-breakable container(s).
Medication, condition(s), dosage(s): _____

3. Have you had or do you now have asthma, diabetes, thyroid trouble, bleeding problems, epilepsy, hypertension, elevated cholesterol or triglycerides, history of chest pain with exertion, cardiac condition(s), or any type of arthritis?
If so, please explain: _____

4. Are you allergic to any medications (e.g. penicillin, aspirin, sulfa drugs), foods (e.g. milk, seafood, peanuts), insect bites (e.g. bees, wasps, spiders), or other environmental substances (e.g. dust, ragweed, poison ivy)?
If so, please explain (giving details and dates of last reactions and treatment given): _____

5. Do you have any special dietary restrictions (e.g. no meat)? If so, please give details: _____

I have read the enclosed information and understand the physical and stressful nature of the team building initiatives. I have registered any medical or physical conditions that might affect my ability to participate in any activity or safely receive medical attention in the event of an emergency. As a participant, I will at all times wear any required equipment, and follow the directions of the facilitators and instructors.

I understand that the activities in which I am participating are high-risk activities and I have received complete disclosure of all risks of injuries connected with the activities in which I will participate. Having such full disclosure, I do voluntarily assume the risks involved with and attendant to all of the activities in which I will participate and I do with the intent to be legally bound by my assumption of these risks.

Permission is granted by those signed below for any emergency medical care, anesthesia and/or surgical procedures, which might become necessary. Permission is also granted to Calvary Baptist Church to use audio and/or visual recordings for promotional purposes.

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if applicant is under 18)