

FIRST BAPTIST CHURCH OF BUTNER, NC

**General, Medical, and Internet Release Form
January 1, 2022 – December 31, 2022
(Please Print Clearly)**

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Emergency Contact: _____

Relationship: _____ **Phone:** _____

Emergency Contact: _____

Relationship: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Health Insurance Company:

Policy Number: _____ **Group Number:** _____

Name of Subscriber: _____

Personal Medical Information

Known Allergies

Medical History (ie. Asthma, Diabetes, Prosthesis, etc.)

Current Medications (Dosage and Reason for taking)

Dietary Restrictions

Physical Restrictions

Date of Last Tetanus Shot: _____

**Statement of General Release for all Ministry Functions,
Medical Liability and Release, and Media / Internet Release**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event they cannot be reached in an emergency during the activity sponsored by First Baptist Church of Butner, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize and/or to secure medical treatment as deemed necessary.

I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church of Butner and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church of Butner, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject named on this form.

I understand, as a participant of all First Baptist Church of Butner activities, I may be photographed or videographed during normal activities and these images may be posted on the First Baptist Church of Butner Website, Facebook page, or placed in First Baptist Church of Butner Ministry publications and promotional materials. I always reserve the right to have an image removed that I may deem necessary by notifying the pastor.

Signature: _____

Date: _____

_____ County, North Carolina

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Date: _____
(Official Seal)

Signature of Notary: _____

Notary's Printed Name: _____

My commission expires: _____

Please attach a copy (front and back) of medical insurance card.