

2021 Health/Media Release Form

Second Baptist Student Ministries • Second Baptist Church, Lancaster, SC

Student Name _____ Date of Birth _____

Address _____ Grade _____

City and Zip _____ E-mail _____

Gender _____ Height _____ Weight _____

Parent/Guardian Information:

Parent/Guardian Name(s) _____

Address (if different from student): _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Phone (Cell) _____

Alternate Contact Information:

Name _____

Address: _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Phone (Cell) _____

Physician/Insurance Information:

Family Physician: _____ Phone: _____

Name of Insurance Co: _____

Address & Phone of Insurance Co: _____

Name of Policy Holder: _____

Group and Member #: _____

(Turn over)

Health History:

Pre-existing or present medical conditions: _____

Please list any allergies: _____

Please check any conditions that apply:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Epilepsy/Nervous Disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Stomach Upset | <input type="checkbox"/> Physical Disability | Other _____ |

Any major illnesses in the past year? _____

Any activity/swimming restrictions? _____

Date of last Tetanus shot: _____

Medical Release Statement:

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 I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand that this Health/Medical Release Form will be completed annually and that I will have the opportunity to update the information each time I complete a Permission Slip for a specific activity for my child.

Media Release Statement:

I understand that most Student Ministries events are video recorded and/or photographed. I hereby authorize Second Baptist Church of Lancaster, SC (SBC Lancaster) and/or their agents to use photographs or video of my child for promotional purposes. I specifically understand that SBC Lancaster shall hereby retain any and all rights in respect to the photograph(s) and/or video/film project(s) and/or web-site/internet project(s), including but not limited to, the rights to reproduce, copy/edit, exhibit, publish, or distribute such photograph(s) and/or video/film project(s) and/or website/internet project(s).

Parent/Guardian Signature _____

Date _____

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions to which Second Baptist Church of Lancaster adheres. In consideration of my participation in events and activities of the church, the undersigned acknowledge and agree to the following:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Second Baptist Church of Lancaster has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Second Baptist Church of Lancaster cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily choose to attend services provided by Second Baptist Church of Lancaster and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending said activities.

I attest that: (please initial each blank if you agree with it)

_____ * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

_____ * I have not traveled internationally within the last 14 days.

_____ * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

_____ * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

_____ * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold harmless Second Baptist Church of Lancaster from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself due to Covid 19 exposure while attending church sponsored activities. This liability waiver and release extends to all additional adult workers.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

First Name _____ Last Name _____

Phone Number _____ Email _____

Signature _____

Date Signed _____