

LAKESWOOD BAPTIST CHURCH
SINGLES or ADULT RELEASE FORM
AGES 18 & UP
JANUARY 1, 2024 - DECEMBER 31, 2024

I _____, hereby consent and authorize my participation in any activities sponsored by **Lakewood Baptist Church during the entire year of 2024**. I will not hold the church, or any individual acting on behalf of the church, liable or in any way responsible for any injuries or harm done to me as a result of or in conjunction with the church activities. In addition, I authorize ***Lakewood Baptist Church or any individual acting on behalf of the church*** to seek medical attention for me should it be needed as a result of injury or sickness. Neither the church nor any individual acting on behalf of the church shall be liable for any medical attention rendered by a doctor, hospital, clinic, nurse, or any other individual or facility as a result of injury or sickness.

Name: First _____ Middle _____ Last _____

Home Address: Number and Street _____

City and State _____ Zip Code _____

Phone: _____ Birth Date: _____ Age _____

Contact person (1): _____ Relationship _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Work #: _____

Work Place: _____

Contact person (2): _____ Relationship _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Work Phone #: _____

Work Place: _____

Health Questions (Circle All That Apply):

Asthma	Heart problems	Sinusitis	Convulsions/seizures
Allergies	Sleepwalking	Chronic Sore Throat	Upset Stomach
Diabetes	Fainting	Bronchitis	Ear Trouble
Kidney Trouble	Anorexia	High blood pressure	Other: _____

List All Allergies (Food, Drug, Insect, etc.): _____

Medications Currently Taking: _____

Phobias or Fears: _____

Special Diet: _____

Family/Personal Doctor _____ Phone: _____

***YOU MAY ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM
INSTEAD OF FILLING OUT THE FOLLOWING SECTION. PLEASE MAKE SURE
ALL INFORMATION ASKED FOR IS COVERED.**

*Insurance Company: _____

*Policy Number: _____

*Insurance Phone Number: _____

Signature: _____ Date _____

Notary:

Name: _____ My

commission expires: _____

Affix seal below:

Sworn to and subscribed before me this
_____ Day of _____ 20__

**Lakewood Baptist Church, 4011 Lakewood Dr., Phenix City, Al. 36867
334-298-6433 lbcpc.org**