

FUGE RELEASE FORM

Complete TWO (2) copies of this form for registration and attach a photocopy of insurance card (front and back.)

Fuge Venue _____
Participant Name _____ Age _____ Date of Birth _____ / _____ / _____
Address _____ City _____ St _____ Zip _____
Name of Church _____ Address _____ City _____ St _____ Zip _____
In case of an emergency notify _____ Phone Numbers: _____

Medical Profile

Generally, participant's health is: (Check one) Excellent Good Fair Poor

If Fair or Poor, please explain your condition. _____

List any medical difficulties for which you are currently being treated. _____

Check any of the following that cause you problems and explain: Asthma Sinusitis Bronchitis.
Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever

List any medicines or substances to which you are allergic. _____

List any medications you are currently taking. _____

List any special diet or special needs. _____

Childhood Disease/Immunizations: Chickenpox Measles Mumps Whooping Cough Other.

Date of Last Tetanus Immunization _____ / _____ / _____

Family Physician _____ Phone _____

Insurance Co. _____ Policy# _____

Subscriber Name _____ Subscriber # _____ Place of Employment _____

Subscriber Occupation _____ Work Phone _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge LifeWay Christian Resources of the Southern Baptist Convention, the Fuge Venue, the Church, camp or event sponsors, state conventions, and their respective directors, officers, agents and employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating or enrolled in this camp or event or while on property leased or owned by any of the Released Parties. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature.)

SIGNATURES REQUIRED:

Participant's Signature _____ Date _____ / _____ / _____

Parent/Guardian Signature _____ Phone _____ Date _____ / _____ / _____