

SOUTHWEST HILLS BAPTIST CHURCH
9100 SW 135TH AVENUE
BEAVERTON, OR 97008-7570
503-524-8686

ADULT CONSENT, RELEASE & MEDICAL AUTHORIZATION

THIS AUTHORIZATION REMAINS IN EFFECT FROM
SEPTEMBER 1, 2012 THROUGH AUGUST 31, 2013.

DATE COMPLETED: _____, 201__

PARTICIPANT: _____ DOB: _____

ALLERGIES/CHRONIC CONDITIONS/MEDICATIONS: _____

ADDRESS: _____

EMERGENCY CONTACT (1): _____ PH: _____

EMERGENCY CONTACT (2): _____ PH: _____

HEALTH INSURANCE CARRIER: _____

NAMED INSURED: _____ POLICY/GROUP #: _____

ADVANCE DIRECTIVE OR HEALTH CARE POWER OF ATTORNEY: YES () NO ()
(IF YES, NAME OF HEALTH CARE REPRESENTATIVE)

HCR NAME: _____ PH: _____

I hereby voluntarily consent to participate in the event(s) described below and to travel with other participant(s) in connection with my participation in such event(s) during the dates indicated:

Check/Complete All That Apply:

Cor Deo Youth Awana Home School Co-op Missions Sports VBS

Single Event _____ Date(s) of Single Event: _____

I hereby further release, indemnify and hold harmless SOUTHWEST HILLS BAPTIST CHURCH of Beaverton, Oregon, together with its staff, employees, authorized representatives and other event participants from any and all liability for injuries, claims, demands or damages, known

and unknown, whether for physical or mental injury or illness or property damage, that may result from my participation in the event(s) listed above, or travel to or from said event(s), during the dates indicated, EXCEPT for conduct of said persons that is willful, wanton or grossly negligent.

In the event of an injury, damage or other medical emergency whereby I am unable to make medical decisions on my own, I hereby consent to administration of emergency care and treatment, x-ray examination, diagnosis and/or hospitalization for me; **PROVIDED, HOWEVER**, that such emergency care is, in the professional judgment of a duly licensed physician, surgeon, nurse, EMT or dental professional, reasonably necessary to avoid life-threatening or irreparable injury, harm or damage. **OTHERWISE**, it is hereby agreed and understood that consent to such emergency care and treatment, x-ray examination, diagnosis and/or hospitalization is given only after making reasonable efforts to contact my spouse, family or designated health care representative by telephone or otherwise so as to allow them to consent directly to such emergency treatment. In the event the subject activity is being conducted at a remote location where access to medical care and treatment is not readily available, I understand and accept the risks and delays inherent to and associated with obtaining medical care and treatment in such remote locations.

Subject to the foregoing, I further understand and agree that my insurance carrier, if any, and I assume full responsibility for payment of any and all reasonable and necessary costs and expenses related to such emergency treatment and hereby indemnify and hold harmless SOUTHWEST HILLS BAPTIST CHURCH of Beaverton, Oregon, together with its staff, employees, authorized representatives and other event participants, from such costs and expenses.

I understand that SOUTHWEST HILLS BAPTIST CHURCH believes that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8.) Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically-based mediation and, if necessary, legally binding arbitration, in accordance with the Rules of Procedure of Peacemaker Ministries of Billings, Montana.

I have read and understood this form in its entirety, and I have signed the same voluntarily and not under duress or other compulsion. By my signature I hereby intend to bind my heirs, successors, representatives, administrators and assigns. I further represent that the information provided herein is true, complete and accurate to the best of my knowledge and belief.

Signature of Participant

Date

Parent/Guardian Signature
(Required if adult Participant is under the age of 21)

Date