

SWVP General Release and Authorization Form

IMPORTANT: Bring 1 copy with each person. Make sure if the person is under 18 that the parents also sign.

General Information:

Participant's Name: _____

Birthdate: _____ Age: _____

Parent's Name (if under 18 years of age): _____

Mailing Address: _____ City, State, Zip _____

Home Phone: _____ Cell: _____ Work: _____

General Release

I acknowledge and understand the release and responsibility issues related with SWVP. Furthermore, I acknowledge that participants at SWVP may be engaging in many different types of activities such as painting, hammering, roofing, etc.

Parent Initial _____ Participant Initial _____

Authorization for Treatment

I give permission for an attending physician or hospital staff to administer medical care if deemed necessary by SWVP and the physician or hospital staff while serving in Southwest Virginia.

Parent Initial _____ Participant Initial _____

Release of Claims and Liability

I do hereby release from all claims and forever hold harmless the directors, employees, and agents of SWVP and the Virginia Baptist Mission Board from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself or my child.

Parent Initial _____ Participant Initial _____

Release of Likeness

I give permission for pictures and videos to be taken and used for promotion of SWVP.

Parent Initial _____ Participant Initial _____

Assumption of Responsibilities

I do also assume personal responsibility for all medical bills in excess of the applicable medical insurance plan provided by SWVP. A copy of this policy is available from the VBMB office. Furthermore, I assume all costs for damages incurred by myself or my child due to our negligence of rules and restrictions placed on us. Should it be necessary for me or my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Parent Initial _____ Participant Initial _____

Participant's Signature: _____ Parent's Signature: _____ Date: _____