

Comunity Changers

Participant Form

Student shirt size- _____

Note **All Community Changers participants** must complete this form. Participants under age 18 must have the signature of a parent and have their form notarized to be eligible to participate in a Community Changers project. This form includes a Medical Release and Model Release.

ALL SELECTIONS MUST BE COMPLETED FOR ELIGIBILITY. Social Security number below is optional and will only be used to expedite treatment in an emergency. Return this form to your group leader as soon as possible. Group leaders are responsible for submitting this entire form to Community Changers at the project. Community Changers office manager will return a copy to group leaders on the second day of the project

Please Print Legibly
Participant Information

Name: (last) _____ (first) _____ Date of Birth: ___/___/___ Age: ___ Sex: ___ Grade Completed: _____
Home Address _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Social Security# _____ - _____

Your Church: _____
Address: _____ City: _____ State: _____ ZIP: _____

In Case of Emergency, contact (must be family member – list 2)
Name: _____ Cell #: _____ Day #: _____ Night #: _____
Name: _____ Cell #: _____ Day #: _____ Night #: _____

Project Information

Project Location _____ Project
Date: _____

Medical Profile

Generally, my 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: _____

List any medications you are CURRENTLY taking: _____

List any mediations or substances to which you are ALLERGIC: _____

Family Physician: _____

Physician's address: _____

Date of **Tetanus Immunization** ___/___/___

Insurance Company: _____ Policy or Group #: _____

(attach copy of insurance card)

Address: _____ City: _____ State: _____ ZIP: _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Subscriber Occupation: _____ Work Phone: _____

Authorization for Medical Treatment

For myself and for and on behalf of my participant child under 18 years of age ("Participant"), I hereby give my permission for any physician, hospital, or health care facility to provide medical care, treatments, and administer medications to Participant as deemed necessary by a physician and our Community Changers Group Leader during the Community Changers Project.

Release of All Claims

For and in consideration of participation in the Community Changers Project, for myself and Participant I hereby acknowledge that we understand that risks, including inherently dangerous risks, are associated with the Community Changers Project ("Risks"), and we hereby assume all such Risks, and for myself and Participant I hereby release The North American Mission Board of the Southern Baptist Convention Inc. and all of its agents, employees, Officers and Directors, including Community Changers staff, and their respective licensees, successors and assigns (collectively herein, "NAMB"), from any and all Risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitation, for illness, personal injury, death, property damage, and personal or proprietary rights to my and Participant's image(s) (collectively herein, "Claims"), and hereby hold NAMB harmless and agree to fully indemnify NAMB from and against any and all Claims. I hereby personally assume full responsibility for any and all Claims and for any and all hospital and medical bills for myself and Participant.

I hereby certify to NAMB that I have obtained and will maintain in full force and effect during the Community Changers Project adequate primary medical insurance for myself and Participant. I understand that only limited supplemental medical insurance may be provided for Community Changers participants, to which limitations and exclusions apply. In the event it is necessary for me or Participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Consent to Use and Publication of Image

For and in consideration of participation in the Community Changers Project, for myself and Participant I hereby give NAMB the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit exhibit, project, display, copyright, and publish, photographic images and /or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to , during, and/or after the Community Changers Project, and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial promotional, and printed copy, and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution, or disposition of said products, copy and/or sound tracts, and hereby discharge and agree to hold NAMB harmless and fully indemnify NAMB from and against any and all Claims arising by virtue of any production, alteration, use, distribution, or disposition thereof, and from and against all Claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all Claims for violation of any personal and all proprietary rights that I or Participant may have or may claim to have in connection with such images and with production, alteration, use distribution, and disposition thereof.

~~ Please complete and sign below (youth under 18 years of age requires parent/custodial signatures) ~~

Participants Signature: _____

Date: ____/____/____

Father/Custodial Parent Signature: _____ Phone: () _____

Date: ____/____/____

Mother/Custodial Parent Signature: _____ Phone: () _____

Date: ____/____/____

Notary Public

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (____/____/____).

My commission expires ____/____/____