

KBF PARTICIPANT FORM

NOTE: All participants (youth **AND** adults) must complete this form to be eligible to participate in the Youth Mission Weekend. Youth under the age of 18 must have the signature of a parent or legal guardian. ALL SECTIONS MUST BE COMPLETED. Return your completed form to your church's group leader, who is responsible for submitting this form upon arrival at event registration.

KBF Youth Mission Weekend is a youth missions event sponsored by the Kentucky Baptist Fellowship and is attended by church youth groups and their adult chaperones.

Church Name _____ **Group Leader** _____

Participant Name (First/Middle) _____ (Last) _____

Date of Birth ___/___/___ Gender _____ Age _____ Grade in School _____

Home Address _____ City _____ State ___ ZIP _____

Home Phone _____ Work Phone _____ Other Phone _____

Emergency Contact Information

Name _____ Phone _____

Name _____ Phone _____

Medical Information

Insurance Company _____ Policy or Group Number _____

Physicians Name _____ Phone Number _____

Allergies (use back if needed) _____

Medications (use back if needed) _____

Authorization for Treatment & Release Claims

I, the undersigned, do or myself (or for and on behalf of my child under 18 years of age) give permissions for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, volunteers and agents of the Kentucky Baptist Fellowship, 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 under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for the Kentucky Baptist Fellowship to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

Participant Signature

Print Name

Date Signed

Parent/Guardian Signature

Print Name

Date Signed