



OAK GROVE BAPTIST CHURCH
2017 LAKE PLACID MISSION TRIP
July 19 – 25, 2017

I (name), _____ am a participant in the Lake Placid Mission Trip for the Ironman Competition in Lake Placid, NY sponsored by Oak Grove Baptist Church from Wednesday, July 19th through Tuesday, July 25th 2017. I will in no way hold Oak Grove Baptist Church or its leaders responsible in the event of an accident. Should there be an accident or injury requiring medical attention, the leaders have my permission to seek medical attention at the nearest hospital or medical facility at my expense. My phone number(s) and address are as follows:

Home: () _____, Work: () _____, Cell: () _____

Address: _____
(street) (city) (state) (zip)

In the event of an emergency, please call _____
(name)

at home: () _____ or work: () _____.

My personal physician's name is: _____ Phone: () _____.

Insurance Company: _____; Policy ID #: _____.

Are you under medical treatment, have allergies or a physical disability, or other medical problems that we should know about, please describe: _____

Please list any medications you are currently taking: _____

Signature: _____ Date: _____

Photo / Video Release

Many of our events are photographed or videoed for promotional use on the web or videos. Do you permit us to take such videos or photos of you and / or your child? Yes No

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20____.

Notary Signature: _____

My commission expires: _____