

SOUTHERN BAPTIST DISASTER RELIEF - REGION 4A

Arkansas, Texas-TBM, Texas-SBTC, Missouri, Louisiana, Oklahoma

MEDICAL RELEASE FORM

Name: Last		First		Middle	
Address:		City		State	Zip
Phone: (H)		(C)		(W)	
Date of Birth		Spouse Name			

Emergency Contact	Spouse Cell	Work	
1.)		Relationship	Phone
2.)		Relationship	Phone

Church:	City	Phone	
Association			
Pastor:		Phone (H)	Cell

Physician:	Phone
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Medical Insurance Co.	Policy #
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MEDICAL HISTORY	Year	Date of Last Tetanus Shot	
Allergy (explain reaction)		Broken Bone (explain)	Kidney Disease
Food/Meds/Plant/Insect		Diabetes	Mononucleosis
Asthma		Dizziness/Fainting	Past Surgery (explain)
Back Pain		Headaches	Seizures
Blood Pressure High/Low		Heart Disease (explain)	Stroke
Blood Disorder (explain)		Hepatitis A/B/C	Other (explain)

Please explain the above noted health problems and any additional special medical conditions of which the Unit Leader (Blue Cap) should be aware: (may use back if needed)

MEDICATION: List medications taken on a regular basis with dosage and time to be taken		
		Use back of form if more room is needed

THE FOLLOWING STATEMENT WILL BE SIGNED WHEN THE UNIT IS ACTIVATED

The above information is accurate to the best of my knowledge. I understand this form will be kept by the Unit Leader (Blue Cap) for use if needed. I give permission to release information to medical personnel if necessary. Should I be unconscious, I give permission to a Southern Baptist Disaster Relief representative to act as spokesman in granting permission for emergency treatment (including anesthesia) if necessary.

Signature	Date
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Participant Liability Release Form

Please read before signing, as this constitutes an agreement as a volunteer and the understanding of your working relationship as a
volunteer with
SBC Disaster Relief.

As a volunteer with **SBC Disaster Relief**, I confirm that I am **not** going as a duly elected representative of my local Baptist church, Baptist association, or Baptist state convention or as an employee of **SBC Disaster Relief**.

I, _____, acknowledge and state the following:

I have chosen to perform _____ resulting from _____.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs and other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster relief team, including myself. I understand these dangers and certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that **SBC Disaster Relief** arranges accommodations, I understand that they are not responsible for my personal effects and property and that they will not provide lock-up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

This waiver, release, and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless myself or a representative of **SBC Disaster Relief** give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnity and forever hold the property owner, local Baptist Church, my Baptist Association, **State Baptist Convention** and/or **SBC Disaster Relief** together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Signature

Date

Address

Phone

City, State, Zip

Church/Association

Person to Contact in Case of Emergency

Phone

Witness

Date

For Deployment (Give to Unit Leader upon Deployment)