



# MEDICAL & LIABILITY RELEASE

FIRST BAPTIST DALLAS

I, \_\_\_\_\_, willingly participate in the 2021 Fall Dove Hunt on 10/1-2/2021. I understand that in the event medical intervention is needed, every attempt will be made to contact the person listed on this form. I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an x-ray examination, injection, anesthesia, surgery or any other medical intervention for me as deemed medically necessary if I am unable to consent at the time or injury or accident.

I understand that my health insurance coverage will provide primary coverage in the event medical treatment or intervention is needed. I understand that I shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me.

I agree to participate in the activity identified above and understand reasonable safety precautions will be taken at all times by First Baptist Church of Dallas and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I understand that photos and videos of me may be taken for use in First Baptist Church of Dallas publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication; First Baptist Church of Dallas will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering or republishing them without my consent.

I waive any claim for damages against First Baptist Church of Dallas from un-consented use, alteration or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

**I AGREE NOT TO HOLD FIRST BAPTIST CHURCH OF DALLAS, ITS LEADERS, EMPLOYEES, AND VOLUNTEER STAFF LIABLE FOR ANY DAMAGES, LOSSES, DISEASES, OR INJURIES INCURRED AS A RESULT OF MY PARTICIPATION IN THIS ACTIVITY, AND I EXPRESSLY WAIVE ANY CLAIMS OF NEGLIGENCE AGAINST FIRST BAPTIST CHURCH OF DALLAS AND ITS EMPLOYEES, AGENTS AND VOLUNTEERS.**

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

## EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE