



MEDICAL & LIABILITY RELEASE

FIRST BAPTIST DALLAS

I, _____, willingly participate in the 4 vs 4 Volleyball League from Fall 2020. 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 of 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