

2022 Oak Grove General Registration Form & Medical Release

Please read this Medical Release and Participant Registration Form closely and make sure you understand it completely. This form is intended to: (1) Register the person named below (hereinafter referred to as "Participant") to attend any planned activity (hereinafter referred to as "Event") operated by Oak Grove Baptist Church (hereinafter referred to as "OGBC"). (2) Provide background information and any medical or other information particular to the Participant which should be made known to OGBC; (3) Obtain the consent of parent(s) or legal guardian(s) (hereinafter referred to as "Parent") for OGBC to obtain necessary medical attention in case of sickness or injury to Participant; (4) Obtain the consent of the Parent and Participant to photograph or video Participant during normal activities and to use such photographs or video in promotional materials produced by OGBC and (5) Obtain a release, waiver of liability and indemnity agreement for any injury sustained or caused by Participant while at an OGBC Event.

I. Background of Participant and Parent: (please print clearly)

Name of Participant _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Participant Email _____ Participant Cell Ph _____

In Case of Emergency Notify _____ Primary Phone _____

Work Phone _____

Parent(s) or Legal Guardian(s):

1) Name _____ Please Circle one: Mother Father Other

Email Address _____ Cell Ph _____ Work Ph _____

2) Name _____ Please Circle one: Mother Father Other

Email Address _____ Cell Ph _____ Work Ph _____

II. Medical Profile

Generally, Participant's health is: (circle one) Excellent Good Fair Poor

If health is not excellent, please explain condition: _____

List any medical difficulties or injuries for which Participant is being treated for ongoing _____

List any medicines or substances to which Participant is allergic _____

List any medications Participant is taking ongoing _____

List any special diet Participant may require _____

Has Participant had a Tetanus shot within the last 10 years? (circle one) Yes No

Family Physician _____ Physician's Phone _____

Health Insurance Provider/Company _____

Policy # _____ Subscriber Name _____

Subscriber # _____ Place of Employment _____

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Release, Waiver and Indemnity Agreement

Participants participating in events within the family ministry of OGBC, will typically engage in a number of activities which carry varying levels of risk of injury and may require a certain amount of physical fitness and/or overall health in order to safely participate. Please understand and review all information shared about the event before your child is registered to attend.

Each of the undersigned represents that Parent(s) identified below are the biological parents, legal custodians or legal guardians of Participant, if Participant is a minor. Each of the undersigned affirms that each is mindful of the risks of injury in the activities available at the Event operated by OGBC and the undersigned assume full risk and responsibility for any accidents or injuries to Participant. Each of the undersigned represents and warrants that Participant has no physical or mental condition which creates an unusual or undue risk of accident or injury while engaged in Event activities. In consideration for permitting Participant to enroll in said activities offered by OGBC, undersigned for themselves, their family, heirs, executors, administrators, assigns and Participant hereby voluntarily releases and discharges OGBC and any of its officers, directors, agents, servants, affiliates or employees for any claim of personal injury, property damage or wrongful death arising out of or in any way related to Participant's presence at and/or participation in OGBC Event, wherever or however it may occur, whether caused by negligence of OGBC, its employees, officers, directors, agents, servants, affiliates or other persons or entities conducting or sponsoring the event or otherwise.

Parent(s) further agree to indemnify and hold harmless OGBC and any of its officers, directors, agents, servants, affiliates and employees from all claims including attorneys' fees and costs of defense for personal injury, property damage or wrongful death which Participant may sustain or cause to third parties or OGBC in the course of participating in this Event. The undersigned further agree that should there be any injury or illness to Participant, Parent's health insurance shall be the carrier primarily responsible for Participant's medical expenses.

The undersigned hereby grants permission for OGBC to obtain necessary medical treatment in case of sickness or injury to Participant. Medical treatment means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, radiology services, pharmacy services, and blood testing. This authorization is intended to, and does hereby, grant to OGBC full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done as Parent might or could do if personally present, hereby ratifying and confirming all that OGBC shall do or cause to be done by virtue of the authority granted hereby.

The undersigned hereby give their consent to OGBC to photograph or video Participant during normal activities and to use such images in promotional materials used by OGBC.

This document is governed by the laws of the state of Maryland. The undersigned agree and understand that if any provision hereof is held to be invalid for any reason whatsoever, the remaining provisions shall not be affected thereby. If such provision may be modified or reformed so as to be valid, then the provision shall be deemed to be so modified or reformed so as to be enforceable.

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I further certify that my date of birth is _____(MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and/or that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly) Participant Signature (if over 18) Date

Parent/Guardian Signature (if Participant is a minor) Parent/Guardian Name (Print Clearly)

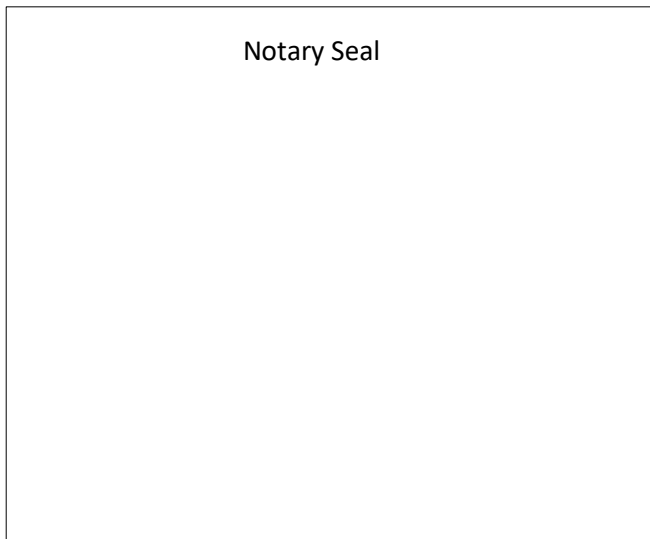
The following should be completed by the notary witnessing Parent/Guardian's signature.

State of _____ County of _____

On this _____ day of _____, 2021, before me, the undersigned notary public, personally appears

_____ proved to me through satisfactory evidence of identification to
(name of person acknowledging)

be the person whose name is signed on the preceding or attached document in my presence.



Notary Seal

Signature of Notary Public

Commission Expiration Date

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Oak Grove Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Oak Grove Baptist Church (OGBC) programs or accessing OGBC facilities could increase the risk of contracting COVID-19. OGBC in no way warrants that COVID-19 infection will not occur through participation in OGBC programs or accessing OGBC facilities.

COVID-19 Pre-Screening

Please read/complete this section with your child within 24 hours of event start time

Participant Name _____

1. Has the Participant traveled outside the United States or been in close contact with someone who has traveled outside of the United States within the last 14 days?
(circle one) YES NO
2. Has the Participant had a positive test for COVID-19 viral infection within the last 14 days? (circle one) YES NO
3. To the best of your knowledge, has the participant had close contact (within 6 feet for a total of 15 minutes or more) with someone with COVID-19 in the last 14 days?
(circle one) YES NO
4. Has the Participant experienced any of the following symptoms over the last 14 days?
Fever (100.4 degrees or higher): YES NO **Sore Throat:** YES NO
Cough: YES NO **Difficulty breathing:** YES NO
Vomiting or Diarrhea: YES NO **Change in taste or smell:** YES NO
Generally feeling unwell: YES NO

If Participant answers **YES** to any of the questions above, they should stay home and contact their physician.

Preexisting conditions: Individuals with preexisting conditions such as cardiovascular disease, respiratory disease (including asthma), diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that if I or my child has a preexisting condition it increases the implied risk of COVID-19 and I should discuss the risks with my healthcare provider before attending this event.

Signature of Participant (or Parent/Guardian if under 18)

Date