

# Adult Consent Form

## First Baptist Church Lake Alfred

280 E. Pierce Street Lake Alfred FL 33850 863-956-1477  
Rob Terry - Minister with Students (863) 510 - 8168

**Participants' Full Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Month/Day/Year

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Insured:** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Currently taking medications (list ALL)** \_\_\_\_\_

**List all allergies** \_\_\_\_\_

### Emergency Contact Information:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Other Contact #** \_\_\_\_\_

I hereby release **First Baptist Church Lake Alfred**, its staff and volunteers from any and all liability in the case of accident or injury to me while participating with the church as well as while traveling. I give my permission to the adult in charge to seek medical treatment on my behalf if I am incapable of doing so. I understand that I shall be liable and agree to pay all expenses incurred in connection with such medical and/or dental services rendered.

**CHECK THIS BOX TO ALLOW THIS FORM TO BE USED FOR ANY AND ALL TRIPS FOR YOU FOR ALL OF 2013.**

**NOTARY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby certify that \_\_\_\_\_ has produced picture ID/is personally known to me and has appeared before me and signed this document.

**Notary:** \_\_\_\_\_

**Notary  
stamp/seal**

**Participant's Printed Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_