

# BAPTIST CONVENTION OF NEW MEXICO

## PERMISSION TO PARTICIPATE/AUTHORIZATION/LIABILITY RELEASE

Please complete this form in its entirety and return it to your event leader/sponsor before the scheduled event. No Participant (adult or minor) may attend any of the Baptist Convention of New Mexico sponsored camps or retreats without this completed, notarized form.

Participant Information

**Participant Information:**  
Participant Name: \_\_\_\_\_  
If minor, name of Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date:    /    /    Age now: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_

Physician/Health Information

**Physician / Health Information**  
Physician Name: \_\_\_\_\_ Phone: Day \_\_\_\_\_ Night \_\_\_\_\_  
Date of last Tetanus or booster shot: \_\_\_/\_\_\_/\_\_\_ Are all immunizations current? \_\_\_ Yes \_\_\_ No  
If no, please explain: \_\_\_\_\_  
List all medical conditions for which Participant is currently being treated (attach extra sheet, if needed): \_\_\_\_\_  
List all medications currently being taken (include precise directions regarding dosing): \_\_\_\_\_  
List all allergies, including food allergies: \_\_\_\_\_

**Important Note to Participant or Parent/Guardian of Participant regarding food allergies:** We regret that we do not have the facilities or personnel to insure that any particular meal is free of any allergens. Accordingly, we cannot provide allergy-free meals. We will be glad to serve any special foods that you send, but the Participant must take personal responsibility for avoiding foods that cause an allergic reaction.

**Another Note to Participant or Parent / Guardian of Participant:** Your church sponsor will be responsible for handling, storing and administering all medications. Four over-the-counter medications are available if needed and if authorized by you. Please indicate if your church Sponsor may give the Participant these medications:  
Acetaminophen \_\_\_ Yes \_\_\_ No Ibuprofen \_\_\_ Yes \_\_\_ No Benadryl \_\_\_ Yes \_\_\_ No Antacid \_\_\_ Yes \_\_\_ No

**What other important medical information do you believe we need to be aware of?** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

**I give permission, by my signature on this document, for emergency medical treatment of Participant. I also assume complete financial responsibility for all medical expenses incurred. I also give my permission to communicate the medical information contained in this authorization to the providers of emergency medical treatment. If Participant is covered by medical insurance, a copy of the insurance card must be attached to this form.**

Authorization to Participate Activities

**AUTHORIZATION TO PARTICIPATE IN CAMP ACTIVITIES**

I recognize that camps, retreats and other events involve some degree of risk of bodily harm. I also understand that The Baptist Convention of New Mexico will take reasonable measures to provide a safe environment. I will participate in camp/event activities fully understanding this risk and use my own discretion in deciding which activities to avoid.

**If this authorization is for a minor, THEN FULLY UNDERSTANDING THIS RISK,** I give my permission for the Participant to engage in all activities that are available in connection with the camp/event, **including, but not limited to,** the following: hiking, archery, riflery, ropes course, tower, mountain bikes, outdoor games, camp fires, woodworking, tenting, leather work, rock shop, climbing wall, general camp programs, zip lines, worship services and Bible Study. **The following are the only activities I do not want Participant to be involved in:**

\_\_\_\_\_

**I also give my permission for Participant to be involved in camp-related and event activities that may take place outside of the campgrounds or the activity venue, except as stated above.** Participants of all ages must conduct themselves in a caring, trustworthy, fair and responsible manner. Participation in this event is a privilege and all Participants and Sponsors are expected to maintain the highest standards of behavior at all times. **If a Participant is dismissed from the event, the parent or guardian signing this form is the responsible person for immediately transporting them from the event.**

**PUBLICITY  
AUTHORIZATION**

BCNM produces videos, including sound, and photographs of every event and these are used in reports and publicity, both locally and nationally, including the BCNM website. We have not found a practical way to separate Participants. THEREFORE, YOUR SIGNATURE ON THIS DOCUMENT, AS WELL AS YOUR PARTICIPATION IN THIS CAMP/EVENT, OR THE PARTICIPATION OF YOUR CHILD, CONSTITUTES YOUR CONSENT FOR THE USE OF MEDIA BY BCNM THAT MAY INCLUDE YOU OR YOUR CHILD, OR BOTH.

**THEREFORE, BY SIGNING BELOW** "I" affirm under penalty of perjury that "I" have read this entire document and that "I" release "BCNM" from all liability for negligence, bodily injury, death, property damage, and economic harm that may result from participation in this event. "BCNM" includes The Baptist Convention of NM, their affiliated organizations and entities, and employees, volunteers, agents, and representatives. "I" UNDERSTAND that activity events involve some risk of bodily injury, death, and property damage and that this release is for events that might happen in the future. I agree not to sue or make claims against "BCNM," and if "I" do, "I" will indemnify and hold them harmless from all costs and liability in connection with such claim. **When the word "I" is used, it includes my child and me. "I" have full authority to consent to participation in this event without the need for approval by anyone else.**

**Adult Participant or Custodial Parent's or Guardian's Signature.**

X \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*If I want this form to constitute my consent to participate, medical authorization and liability release for all camps/events in which "I" participate for the current calendar year, I have signed my name here: \*\*\*\***

**YOUR SIGNATURE MUST BE NOTARIZED *OR* WITNESSED BY A STAFF MEMBER OF THE CHURCH OR THE VOLUNTEER CHURCH SPONSOR OF THE EVENT. IF DOCUMENT IS NOT NOTARIZED OR WITNESSED, PARTICIPANT WILL BE SENT HOME.**

**NOTARY**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This document was sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**WITNESS**

This document was signed and dated in my presence by \_\_\_\_\_, a person known to me, who represented that this document was signed under penalty of perjury.

My position with the church: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness