

RIDGEVIEW BAPTIST CHURCH  
6125 Lacy Rd., Knoxville, TN 37912, (865) 688-8822

**Participation and Medical Authorization Form**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME OF HEALTH INSURANCE COMPANY

GROUP AND / OR POLICY NUMBER

LIST ANY MEDICATIONS YOU ARE PRESENTLY TAKING (CONTINUE ON THE BACK OF THIS SHEET IF NECESSARY)

LIST ANY AND ALL KNOWN ALLERGIES (CONTINUE ON THE BACK OF THIS SHEET IF NECESSARY)

LIST ANY MEDICAL CONDITIONS OR PRECAUTIONS (CONTINUE ON THE BACK OF THIS SHEET IF NECESSARY)

In case of an emergency during participation of any activities we (I) authorize a representative of Ridgeview Baptist Church, 6125 Lacy Rd., Knoxville, TN, 37912, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor or myself under the general or specific supervision and on the advise of any licensed physician or dentist on the medical staff of a licensed hospital, credentialed medical practice or emergency facility.

We (I) agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or adult pursuant to this authorization.

Having agreed to participate in the organized activities of Ridgeview Baptist Church, the undersigned does hereby remise, release, acquit, forever discharge, and hold harmless Ridgeview Baptist Church, its directors, officers, and representatives appointed by the Church, of and from any liability whatsoever that arises or may arise out of the participation of the undersigned or the participant listed above.

We (I) do assume entirely the risks and hazards incidental to participation in any of the programs of Ridgeview Baptist Church.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS YOUNGER THAN 18 YEARS OLD) \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_