

# MISSIONLAB RELEASE FORM



*A completed ORIGINAL of this document is REQUIRED FOR ALL PARTICIPANTS in order to attend.  
Notarization & guardian signature are required for all participants under the age of 18.*

## Church/Group Information

Church/Group Name: \_\_\_\_\_

Church/Group Leader Name: \_\_\_\_\_

## Participant Information

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ (adult size)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Tel: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any medical concerns that MissionLab should be aware of?  NO  YES

If yes, please explain: \_\_\_\_\_

## Release of Liability, Medical Treatment Permission, and Photograph/Video Notice

I, the undersigned, do not hold MissionLab or New Orleans Baptist Theological Seminary liable for any injuries, accidents, or illnesses incurred by me or my child while participating in the MissionLab camp program. This includes, but is not limited to, injuries or illnesses incurred while on campus, while off campus, or during travel. I am fully aware of the risks involved in the activities that I/my child will be participating in and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in camp activities. I grant permission for adult chaperones attending with my/my child's group and/or any camp staffer or camp coordinator to obtain necessary medical attention for me/my child in the case of sickness or injury. I do not hold any of the aforementioned parties liable for any adverse results of medical care. I understand that I am responsible for the expenses of my/my child's medical care and that my/my child's insurance is primary. No other insurance is provided.

Furthermore, I understand that as a participant of the MissionLab program, I/my child may be photographed or videotaped during normal camp activities, and I give my permission for MissionLab or any of its agencies to use pictures, videos, or audio obtained during the mission experience in promotional or other materials as deemed necessary. I acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I am signing voluntarily as my free act and deed. I understand that by signing this document I am releasing and forever discharging MissionLab, New Orleans Baptist Theological Seminary, and their employees and constituents from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my or my child's participation in this camp.

Guardian Signature: \_\_\_\_\_ Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature (only if 18 years of age or older): \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you would NOT like to receive promotional materials concerning the Providence Fund:

**\*\*\* Notarization & guardian signature required if participant is under 18 years of age \*\*\***

Be it known, that on this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned authority, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing document and who signed said document before me, and who acknowledged in my presence that he/she/they signed the above and foregoing document as his/her/their own free act and deed and for the uses and purposes therein set forth and apparent.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public