

IDLEWILD BAPTIST CHURCH RECREATION REGISTRATION

Activity: _____

Last Name: _____, First Name: _____ Middle Initial _____

Address: _____ City: _____, FL

Zip Code: _____ e-mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Team: _____ T-shirt Size: _____

Home Church: _____

PROOF OF HEALTH INSURANCE COVERAGE

I understand, that in order to participate in any Idlewild sporting event, I must provide evidence that I have adequate health insurance coverage during the period of time I am participating.

Health Insurance Company: _____

Policy Number: _____ Phone Number: (_____) _____

By signing below I acknowledge that the described health insurance policy is active.

(Note: You may include a photocopy of your insurance card.)

WAIVER AND LIABILITY RELEASE FORM

I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I (or, if signed by a minor, I and/or my minor child) may have against Idlewild Baptist Church or against its agents, employees, volunteers and contractors from any and all claims, damages or actions of any nature whatsoever, as a result of participation in the sport for which this Informed Consent and Release is signed. I hereby release those parties from any and all demands, claims or actions, including ones arising from their negligence or the negligence of any one of them, even if the negligence results in severe personal injury or death.

I recognize and agree that the sport for which this Informed Consent and Release was signed is one that is physically, emotionally and spiritually beneficial and that the activity involves inherent and unavoidable risks. I have measured the risks against the benefits and have determined that the benefit far outweighs the risk. I also recognize that the sport may not be provided absent an Informed Consent and Release signed by all participants. I have considered my ability to obtain independent insurance coverage or my other means to cover the expense of any loss, damage or injury and I accept the risk and expense. I have read the entire Informed Consent and Release, and voluntarily accept the conditions stated herein as a requirement to participate in this sport.

X

Signature

Date

Print name _____

Signature of parent or guardian if the above signer is not 18 or above years of age

Agreement to participate grants to Idlewild Baptist Church and their designees the irrevocable permission to use his or her voice or likeness in any media now or hereafter existing in connections with all or any part of the activity or related events, for any purpose whatsoever, including the commercial purposes of Idlewild.

FOR OFFICIAL USE: Date Received:

Payment type:

Amount: