

# MINISTRY ACTIVITY PARTICIPANT (ADULT - 18 YEARS and OLDER)

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## PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY)

Name (per Passport or DL): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (check one):  Male  Female  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_  
In Case of Emergency, please contact: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Participant's Membership:  Bell Shoals  Other: \_\_\_\_\_  
Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_ ("Participant") realize and acknowledge that my participation in a Bell Shoals Baptist Church of Brandon, Inc. ("Bell Shoals") event, mission trip, ministry project, youth camp or activity of any kind (collectively "Ministry Activity") anywhere within the United States, in a foreign country and travel to and from a Ministry Activity, includes many risks and possible dangers. Participant is aware that participation in a Ministry Activity exposes him/her to risks, including but not limited to, accidents, disease, war, political unrest, injury from construction projects and other physical, emotional and economic harms (collectively "Risks"). Participant hereby assumes all Risks that might result from his/her participation in any Ministry Activity.

## AUTHORIZATION FOR MEDICAL TREATMENT

Participant authorizes and consents to any adult member involved in a Ministry Activity (hereafter "Bell Shoals Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant authorizes the Bell Shoals Designee to summon any and all professional emergency personnel to attend, transport, and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Bell Shoals Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant assumes personal responsibility for all medical bills and certifies that he/she has secured primary medical insurance for him/herself. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant hereby assumes responsibility for all related transportation and/or communication costs.

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In good and valuable consideration, including but not limited to, being allowed to participate in a Ministry Activity, and to the fullest extent permitted by law, Participant unconditionally agrees to release, hold harmless and indemnify Bell Shoals \_\_\_\_\_ [Particip home church, if applicable], its/their trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives and assigns (collectively "Bell Shoals Releasees") from any and all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage, expenses of any nature incurred by Participant and Bell Shoals Releasees, including attorneys' fees and costs, arising out of or related to in any way to a Ministry Activity, including negligence, gross negligence and/or fault, in whole or in part, of the Bell Shoals Releasees and Bell Shoals Designee.

## PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant hereby gives Bell Shoals Baptist Church the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during any Bell Shoals Ministry Activity, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever. Participant also consents to the use of any printed matter in conjunction therewith, and waives any right to inspect and/or approve the finished product(s) or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that Participant may have to control the use to which said product(s), copy and/or soundtrack may be applied. Participant discharges and agrees to save and hold harmless Bell Shoals Baptist Church from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that Participant may have in connection with said images and with the use thereof.

## DISPUTE RESOLUTION

Participant agrees to make every effort to live at peace and to resolve disputes with others in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, Participant agrees that any claim or dispute arising from or related to this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement and (3) Photographic And Reprographic Release shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Hillsborough County, Florida. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. Participant understands that these methods shall be the sole remedy for any controversy or claim arising out of this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement and (3) Photographic And Reprographic Release and expressly waives his/her right to file a lawsuit in any civil court against Bell Shoals Releasees and/or Bell Shoals Designees for such disputes, except to enforce an arbitration decision. Participant agrees that the prevailing party in any dispute will be entitled to attorneys' fees, costs and expense of litigation. The Arbitrator(s) shall determine entitlement and amount of attorneys' fees, costs and expense of litigation.

## PLEASE COMPLETE AND SIGN BELOW

To the extent any of the terms or provisions of this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement, And (3) Photographic And Reprographic Release are deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect.

This form will be effective for participation in any Bell Shoals Baptist Church or Bell Shoals Academy Ministry Activities that begin on or after the date this document is signed and notarized through and ending on August 31, 2024. Participant acknowledges that he/she is eighteen (18) years of age or older, has read and understood this form in its entirety and has signed and delivered it voluntarily.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARY PUBLIC

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_, by

\_\_\_\_\_  
Name of Person Acknowledging

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_ Personally Known or \_\_\_ Produced Identification.

Type of Identification Produced: \_\_\_\_\_