



<b>OFFICE USE ONLY</b> Participant Project Location: _____ Church Name: _____ Leader Name: _____
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# MEDICAL RELEASE FORM (due June 1<sup>st</sup>)

**PARTICIPANT NAME (Please Print):** \_\_\_\_\_

**CHURCH:** \_\_\_\_\_

**NOTE TO LEADER:** All Kentucky Changers participants (students and adults) must complete this form. Both sides of the form must be filled out completely. Adult participants should sign the back. Students must have their parent or guardian sign it. A witness must also sign the back for the participant to be eligible to participate in a Changers work project. All sections must be completed for eligibility. The form must be received by Kentucky WMU, 13420 Eastpoint Centre Dr, Louisville, KY 40223, no later than June 1.

**Statement of Purpose**

A Kentucky Changers project is an opportunity for young men and young women to be involved in a personal approach to missions education and involvement through construction-based projects which are promoted and sponsored by Kentucky Woman’s Missionary Union and partnering associations. Participation will involve some risks related to both the nature and location of the work as participants will be engaged in construction-related activities they have likely never done and will probably be doing the work in economically and socially disadvantaged areas where they have never been.

**Participant’s Medical Information** (Please print all information clearly.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Generally, my health is: (Check one) \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

If FAIR or POOR, please explain your condition: \_\_\_\_\_

Date of last Tetanus shot (within the last 10 years) \_\_\_\_\_

List any medical difficulties for which you are CURRENTLY being treated: \_\_\_\_\_

List any medications you are CURRENTLY taking: \_\_\_\_\_

List any medicines, foods or substances to which you are allergic: \_\_\_\_\_

**Please provide the following information:** (Please print all information clearly.)

Medical Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Personal ID # \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Policy is under the name of \_\_\_\_\_

**Authorization of Transportation**

Initials \_\_\_\_\_

I fully understand that Kentucky Changers Participants will be split up into work groups and transported to and from the jobsites by church buses, vans and personal cars of participating church groups. All drivers will be at least 21 years old. I authorize myself or my child to ride in one of those vehicles. I release forever and hold harmless the directors, officers, agents, and employees of Kentucky Changers, Kentucky WMU, all partnering associations and all participating churches from any and all claims and demands for personal injury for myself or my minor child.

**Authorization for Treatment/Release of All Claims**

Initials \_\_\_\_\_

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission for an attending physician or hospital to administer medical care if deemed necessary by the Kentucky Changers Project Coordinator and the physician or hospital staff during the Kentucky Changers Work Project.

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission to Kentucky Changers volunteer medical professional to administer any non-prescription medications deemed necessary during the Kentucky Changers Work Project.

I, the undersigned, do for myself, my heirs, executors, administrators, successors and assigns (or for and on behalf of my child under 18 years of age and his/her heirs, executors, administrators, successors, and assigns) understand that secondary medical coverage in the amount of \$2,500 (maximum) is provided for each Kentucky Changers participant and do hereby release from all claims and forever hold harmless the directors, officers, agents and employees of Kentucky Changers, Kentucky Woman’s Missionary Union, Kentucky Baptist Convention, and all partners (the city, county and the school) from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age) including claims and demands arising from criminal acts of other persons.

I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) in excess of the applicable medical insurance plan provided by Kentucky Changers. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

**Participant Model Release**

Initials \_\_\_\_\_

By signing this document the participant hereby gives the Kentucky Woman’s Missionary Union, its licensees, successors, legal representatives and assigns the absolute and irrevocable right and permission to use the participant’s name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant’s voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of any description and/or any other lawful purpose and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy, and/or soundtrack may be applied. The participant discharges and agrees to save harmless the Kentucky Woman’s Missionary Union, its licensees, successors, legal representatives and assignees, Kentucky Woman’s Missionary Union and the partners 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 I may have in connection with said images and with the use thereof.

**I agree to the statements above and have initialed each one.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (or Custodial Parent) Signature  
If participant is under 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Participant Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Parent Telephone (day): (\_\_\_\_) \_\_\_\_\_ Church \_\_\_\_\_

Participant E-Mail \_\_\_\_\_