Mission McDuffie 2018 Participant Form

Mission McDuffie is an Annual Week-long Missions Project
Benefiting Residents of McDuffie County and Attended by Church Youth Groups

Participant Name (FIRST/MIDDLE)_____ (LAST) _____
Date of Birth ___/___/_____ Gender _____ Age _____ School Grade (just completed) _____
Home Address _____City _____State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____**T-shirt Size:** _____

Your Church Name _____ **Head Youth Leader** _____
In Case of Emergency, Contact _____ Relationship _____
Home Phone _____ Mobile Phone _____
Other Emergency Contact Name & Phone:_____

Medical Information

Insurance Company _____ Phone _____
Policy or Group Number _____
Physician Name _____ Phone _____
Subscriber Name _____ Phone _____
Blood Type (if known) _____ Major Medical History _____
Allergies (use back if needed) _____
Medications (use back if needed) _____
Immunizations (and date received) _____

Authorization for Treatment & Release of Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the agents of Mission McDuffie, 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). I also assume personal responsibility for all medical bills (for myself or child under 18 years of age).
I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for the coordinators of Mission McDuffie to use any or all recordings of me or my child in publications, videos, website design, or other media expressions.

_____ _____ _____
Participant Signature Print Name Date Signed

_____ _____ _____
Parent/Guardian Signature (If Under 18) Print Name Date Signed

_____ _____ _____
Notary (*Must see you sign)* Date Signed Notary Expires

*NOTE: All participants (youth **and** adults) must complete and submit this form to be eligible to participate. Youth under the age of 18 must have the signature of a parent or legal guardian. Return your completed form to your church's group leader.*