

# Mission McDuffie 2023 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 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.*