



Green Ridge Ministries dma

Bible Alive Theater

www.BibleAliveTheater.org 505-690-2548

Office: 2 Road 2978 Aztec, NM 87410-2878

\_\_\_\_\_  
Last Name , First Name

### Release of Liability and Medical Permission Form

**Participant (or child)** Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Primary phone # \_\_\_\_\_ Secondary phone # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ text#: \_\_\_\_\_

I personally agree, with my signature below, that I have read and fully understand this entire form, and also agree to everything herein. I release Bible Alive Theater (BAT), it's members, and any of their representatives from any and all liability of any kind, including accident, injury or illness, during a BAT event or activity.

I give permission for me (or my child) to receive medical attention, including major surgery, in the event that I (or my child) gets injured or sick while observing or participating in any fashion, in activities of BAT. I also agree to let BAT call or contact medical personnel in the event that I (or my child) needs medical attention.

I give permission for pictures or video & audio of me (or my child) taken during BAT activities to be used by BAT in promotional, publicity and any other activities of BAT (including our website, email and other digital uses). I am solely responsible for checking and maintaining any/all of my personal or borrowed equipment (props, costumes, etc.) at all times to insure that it is safe and poses no harm to myself or others.

This form covers any/all times that I participate in BAT activities and is not limited to a specific time frame or single date, event or location. I am voluntarily participating in BAT activities and I am aware there is a certain amount of risk involved and I can become injured or ill. I am solely responsible, and am expected, to follow any and all general safety precautions, rules and directives from BAT leaders. Failing to comply with rules and directives can result in injury to myself or others and is also grounds for BAT to disallow me from participating in and/or being present at future ministry events.

Please list any medical considerations for you (or your child): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**With my(our) signature(s) below, I(we) testify that I(we) have read and understand this entire form, and agree to all herein.**

**Participant (or child)** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent(s) or Guardian(s)** Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name(s): \_\_\_\_\_

#### Parent(s) or Guardian(s) contact information (if different from above)

Primary phone # \_\_\_\_\_ Secondary phone # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ text#: \_\_\_\_\_

No ~~strikeouts~~ are permitted to this document. No words may be added or stricken from this agreement.  
A separate form is required for each individual adult or child.