



Green Ridge Ministries dma

Bible Alive Theater

www.BibleAliveTheater.org 505-690-2548

Office: 5805 Carl St. Farmington, NM

Mail: 848 Palm Dr. Alamo, TX 78516

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.