

# Resonate 2019 Adult Release and Waiver of Claims Form

Name

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Do you have any known allergies or are you unable to take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

2. Do you presently take any medications regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medications? \_\_\_\_\_ For what reason? \_\_\_\_\_

3. List any other medical condition(s) that would be helpful to know about: \_\_\_\_\_

4. Date of last tetanus immunization: \_\_\_\_\_

5. The above named adult has current medical insurance coverage through:

Insurance Company: \_\_\_\_\_

Name on Insurance Policy: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mailing Address for Medical Claims (see back of insurance card): City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: \_\_\_\_\_

• I, \_\_\_\_\_ will be attending Resonate 2019. Resonate is a joint venture between Oklahoma Baptist University ("OBU") and the Baptist General Convention of Oklahoma ("BGCO"). In the event that I should need emergency medical care or attention, OBU staff, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to me as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to me, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that OBU or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither OBU nor the BGCO is responsible for the action of these third party contractors. I further agree that neither OBU nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation in or observation of such activity.

Furthermore, in consideration of being allowed to attend Resonate, I, hereby waive, and I hereby agree to indemnify and hold harmless OBU, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I may have against OBU, the BGCO, or their agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from my participation in or observation of activities at Resonate, and (2) injuries arising from the decision of the leadership of OBU, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to me.

• I understand that my image may be included in a video or in photographs that may be made during camp. I consent that my image may appear on videos, promotional resources, camp endorsed web sites, etc.

• I give authority and permission to OBU, the BGCO, and any of their staff or agents to inspect my belongings while at Resonate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be 18 years old or older to sign this form. Every adult attending Resonate must complete and sign this release form.**

**Please return this form at registration to the Resonate staff on the first day of camp along with a copy of your insurance card.**