

**BREAD OF LIFE ASIAN MINISTRIES  
MEDICAL FORM AND LIABILITY RELEASE**

**Member Information (Please Print in black Ink)**

Type of Activities: _____	Dates of Activities: _____ to _____
Name: _____	Age: _____ Gender: ___F ___M
Address: _____	Height: _____ Weight: _____
City: _____ State: _____	Zip: _____ Date of Birth: _____
Email Add: _____	Phone: _____

**Emergency Contacts And Information**

Parent or Guardian Name: _____	Phone No : _____
Alternate Contact: _____	Phone No : _____
Primary Care Physician: _____	Phone No : _____
Insurance Carrier: _____	Policy Number: _____

**Allergies**

Drugs (list) : _____	Food (list) : _____
Bee or Insect Stings: _____	Treatment: _____
Others (list) : _____	

**Present Health**

Current Medications: _____ <i>(Important! All Medications MUST be brought in the original container with doctor's instruction)</i>
Activity Restrictions: _____
Date of Last Tetanus (DPT) _____ Date of Last Physical Exam _____
Physical Handicaps? _____
Any limiting fears? _____ Dietary Restrictions? _____

Health History (check conditions and describe below)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADD / ADHD                 | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Joint or Muscle Pain      |
| <input type="checkbox"/> Anemia                     | <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Knee Injury or trouble    |
| <input type="checkbox"/> Appendicitis               | <input type="checkbox"/> Dislocations          | <input type="checkbox"/> Measles                   |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Eating Disorder       | <input type="checkbox"/> Migraine Headache         |
| <input type="checkbox"/> Back pain or injury        | <input type="checkbox"/> Emotional Behavior    | <input type="checkbox"/> Mononucleosis             |
| <input type="checkbox"/> Bedwetting                 | <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Motion Sickness           |
| <input type="checkbox"/> Bleeding Disorder          | <input type="checkbox"/> Fainting or Dizziness | <input type="checkbox"/> Pneumonia                 |
| <input type="checkbox"/> Blood Pressure (high /low) | <input type="checkbox"/> Fractures             | <input type="checkbox"/> Rheumatic Fever           |
| <input type="checkbox"/> Bronchitis                 | <input type="checkbox"/> Ear Infections        | <input type="checkbox"/> Skin Conditions or rashes |
| <input type="checkbox"/> Chickenpox                 | <input type="checkbox"/> Gall Bladder          | <input type="checkbox"/> Sleepwalking              |
| <input type="checkbox"/> Colitis                    | <input type="checkbox"/> Hay Fever             | <input type="checkbox"/> Sprains or Strains        |
| <input type="checkbox"/> Concussion/ Head Injury    | <input type="checkbox"/> Heat Stroke           | <input type="checkbox"/> Tuberculosis              |
| <input type="checkbox"/> Corrective Lenses (eyes)   | <input type="checkbox"/> Heart Disease         | <input type="checkbox"/> Tumor or Growth           |
| <input type="checkbox"/> Cramps                     | <input type="checkbox"/> Hepatitis A,B,or C    | <input type="checkbox"/> Ulcer                     |
| <input type="checkbox"/> Cystitis                   | <input type="checkbox"/> Hernias               | <input type="checkbox"/> Urinary Difficulties      |
| <input type="checkbox"/> Dental Appliances          | <input type="checkbox"/> HIV Positive          | <input type="checkbox"/> Venereal Disease          |

**Details on Above:** \_\_\_\_\_

Name any injuries, illness or disabilities not mentioned and the year of occurrence: \_\_\_\_\_

\_\_\_\_\_

Hospitalization or surgeries (list the date, reason, hospital name and location) \_\_\_\_\_

\_\_\_\_\_

Bread Of Life Asian Ministries  
 Medical Form And Liability Release

Medical Authorization And Insurance Coverage

This Health Information Is Correct, as far as I know. In the event the emergency contact cannot be reached in an emergency during the program dates noted on this form, I HEREBY GIVE PERMISSION to the physician selected by Bread Of Life Ministries, to secure proper treatment, to order injection, anesthesia, dental care and /or surgery for the participant. I GIVE PERMISSION for Bread Of Life Ministries to provide for the participant a certified First Aid provider to administer First Aid and over the counter medication as needed for illness or injury as well as any medication noted. I AGREE that photocopies or faxes of this complete form are to be considered legally valid and binding for trips off the property. I AGREE to obtain and maintain personal insurance covering the participant in the program with appropriate wavier of subrogation rights to reflect the fact that the participant’s personal insurance shall supercede and be used before any insurance coverage that may be provided by Bread Of Life Ministries, In the absence of the aforementioned insurance, I AGREE to pay all costs of rescue and /or medical services as may be incurred by the participant.

### Acknowledgement of Risks And Capabilities

I RECOGNIZE that there is a significant element of risk in any sport or activity associated with the outdoors and trust. THESE RISKS MAY INCLUDE but are not limited to falling trees, rocks, or other objects, poisonous plants, reptiles and insects, domesticated and wild animals, crossing steep, uneven loose terrain, exposure to the elements, lightning strikes, fires, streams crossings, open untreated water, flash floods, landslides, depending on the other group members for physical and emotional safety, contact with abrasive or slippery rock, equipment failure or misuse, injury from entanglement with ropes, cables and other equipment, and at times a remote location far from modern medical facilities and rescue assistance. I AM AWARE that certain portions of the program are physically demanding and that the participant may be asked to walk, run, stretch, climb, push, pull and perform rigorous and potentially risky or dangerous physical activities which may double their normal resting heart rate. I VOLUNTARILY AGREE to participate in the program. Realizing that pre-existing medical conditions could affect the participant's ability to participate in the program. I FURTHER AGREE to get a qualified medical opinion if the participant is over 50 years old and/ or if I doubt their ability to participate. I AGREE to abide by the activity restrictions and to participate only to the extent that my medical, physical, emotional, or other conditions create no undue risk to myself, other participants, or program staff. I FURTHER ACKNOWLEDGE that exposure to these inherent risks, rigors and dangers may result in but is not limited to separation from the group, bruising, bodily injury, emotional trauma, permanent disability including loss of site in extreme cases death. Knowing these risks and potential consequences, I CERTIFY that the participant is fully capable of participating in the program activities which may include but are not limited to hiking, backpacking, bouldering, rock climbing, rappelling, initiative games, low ropes, high ropes, caving, mountain biking, paintball, horseback riding, fishing, swimming, water sports, canoeing, sailing, powered water craft, white water rafting, archery, batting cage use, individual sports including skateboarding, and team sports, except as noted under activity restrictions.

### Assumption of Responsibility

I AGREE to assume full responsibility for the participant's actions and their consequences during their participation in the program, and including without limitation, any injury to the applicant and / or property or any inconvenience resulting there from or from any other circumstance related to such actions. I, the participant, AGREE to follow all the rules and regulations of the said activity which communicated to me verbally by the Bread Of Life Ministries Staff.

### Covenant of Good Faith

I AGREE that the Bread Of Life Ministries has the right to refuse any participant it judges to be incapable of meeting the rigors and requirements of participating in these activities. I AGREE that any decision made by the staff of Bread Of Life Ministries will be binding upon the participant. The Bread Of Life Ministries reserves the right to dismiss any participant (at their expense) who through their action or in-action, influences or causes an event, which is detrimental to the best interests of themselves or others.

### Permission for Participation, Transportation, and Promotion

I GRANT PERMISSION for the participant to engage in all Bread Of Life Ministries activities and to be transported by a Bread Of Life Ministries staff member who is legally licensed driver on all activities sponsored by the Bread Of Life Ministries. I GIVE PERMISSION for Bread Of Life Ministries to use images of the participant taken while at the activity, and quotations from evaluations, letters or interviews relating to the program experience for promotion and commercial purposes.

Waiver of Liability

I HEARBY RELEASE and agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Bread of Life Ministries, its board of elders, pastors, officers, employees, guides, and volunteers and each and every land owner, municipality and /or governmental agency upon whose property the activity is conducted, from any and all liability, claims, losses, costs, expenses (including without limitation, attorney fees) or demands (except those arising from the gross negligence or willful misconduct of the aforementioned parties) that I, my heirs, executors, trustees, administrators, assignees, personal or legal representatives and all members of my family, may now have or in the future make against such parties as a result of or related to any injury, loss, death or damage of any kind whatsoever resulting from the participant's participation in this program or from any driving mishap that may occur during the transportation.

Acceptance Signature

I, WE HAVE READ, UNDERSTOOD AND ACCEPTED the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the participant hereafter.

Participant Signature or Legal Guardian (if under 18) _____ Date _____ Please check one: Parent _____ Guardian _____
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