

Winter Youth Retreat 2019
Liability & Medical Release Form
FOR ADULTS



CONTACT INFORMATION:

Young Adult Youth Pastor Youth Leader Adult Volunteer

Participant Name _____ Age _____ DOB ____/____/____ Male Female

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

Church _____ City/State _____

HEALTH INFORMATION:

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____ Medications Currently Taking _____

Other Concerns Related to the participants physical condition: _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Person to notify if above contact cannot be reached:

Name _____ Relationship _____ Phone _____

I, the person listed on this form, certify that I will voluntarily participate in the event listed above with the American Baptist Churches of Los Angeles and the American Congregations of the Southwest and Hawaii. I understand that all participants are expected to abide by the Program rules and be directly responsible to their church leader. The Event Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning home.

Further, I do release and hereby agree to hold blameless American Baptist Church of Los Angeles, American Congregations of the Southwest and Hawaii and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the American Baptist Churches of Los Angeles. I also release the lessor/owner of properties on which the Program is held. **I agree to pay for any damages or property loss as determined by American Baptist Churches of Los Angeles, American Baptist Congregations of the Southwest and Hawaii, American Baptist Churches of Los Angeles, Southwest and Hawaii or the event officials, including any keys not returned at the time of group check out.**

Further, I do authorize the minister or sponsor of this activity or any American Baptist Churches of Los Angeles staff member, in the event my emergency contacts cannot be reached, I give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that I am covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Printed Name _____

Signature _____ Date _____

**American Baptist Churches of Los Angeles,
Southwest and Hawaii
BACKGROUND VERIFICATION FORM**



DISCLOSURE

This is to inform you that the American Baptist Churches of Los Angeles, Southwest and Hawaii, hereafter known as “the Employer”, requests a consumer report from Trak-1 Technology, a consumer reporting agency, for the purpose of evaluating you, the applicant/employee, for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

California Notice

You have the right under Section 1786.22 of the California Civil Code to contact Trak-1 Technology during their normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at Trak-1’s office address at 7131 Riverside Parkway Tulsa, OK 74136. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform said person that they also have to present reasonable identification. If you want Trak-1 to disclose or to discuss your information with this third party, you may be required to provide a written statement granting Trak-1 permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification. Trak-1 Technology’s telephone number is (918) 779-7000. Their fax number is (918) 779-6500.

Trak-1 Technology has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my employment or service with the Employer, Trak-1 Technology will act on behalf of the Employer to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, government occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

In particular, the Employer seeks to procure an investigative consumer information report involving all of the following background areas:

- National Criminal File Check
- Sex Offender Registry Search
- Social Security Number Search

By my signature below, I authorize Trak-1 Technology on behalf of the Employer to procure background information in the all of the above mentioned areas.

Applicant/Employee Signature

Today's Date

Print First Name

Middle Name (_ None)

Last Name

Street Address _____

City, State, Zip _____

Church Requesting _____

Drivers License Number _____

Is this a California Number? Yes ___ No ___

Date of Birth

* / /
MM DD YYYY

Social Security Number *

 - -
xxx xx xxxx

* For identification purposes only

Minnesota (MN) & Oklahoma (OK) Residents please note: In connection with your application for employment/service, you have a right to obtain and review your consumer report by checking the appropriate box below:

___ YES, I am a resident of MN and would like a free copy of my consumer report.

___ YES, I am a resident of OK and would like a free copy of my consumer report.

California (CA) Residents please note: Under CA law, you have a right to receive a free copy of your investigative consumer report by checking the appropriate box below:

___ YES, I am a resident of CA and would like a free copy of my investigative consumer report.

Email: _____

Winter Youth Retreat 2019
Liability & Medical Release Form
FOR MINORS (under age 18)



CONTACT INFORMATION:

Participant Name _____ Age _____ DOB ____/____/____ Male Female
Address _____ City _____ State _____ Zip _____
Email _____ Home Phone _____ Cell Phone _____
Church _____ City/State _____

HEALTH INFORMATION:

Health Insurance Company _____ Policy Number _____
Known Allergies and Reactions _____ Medications Currently Taking _____
Other Concerns Related to the participants physical condition: _____

Emergency Contact Information (for minors please write parent/legal guardian information):

Name _____ Relationship _____ Phone _____

Person to notify if above contact cannot be reached:

Name _____ Relationship _____ Phone _____

I, as the parent and/or legal guardian of the participant listed on this form, certify that the person named on this form has my full approval to participate in the event listed above with the American Baptist Churches of Los Angeles and the American Congregations of the Southwest and Hawaii. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to their church leader. The Event Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless American Baptist Church of Los Angeles, American Congregations of the Southwest and Hawaii and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the American Baptist Churches of Los Angeles. I also release the lessor/owner of properties on which the Program is held. **I agree to pay for any damages or property loss as determined by American Baptist Churches of Los Angeles, American Baptist Congregations of the Southwest and Hawaii, American Baptist Churches of Los Angeles, Southwest and Hawaii or the event officials, including any keys not returned at the time of group check out.**

Further, I do authorize the minister or sponsor of this activity or any American Baptist Churches of Los Angeles staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____

Printed Name of Parent/Legal Guardian _____

Signature of the Parent/Legal Guardian _____ Date _____