

MINISTRY ACTIVITY PARTICIPANT (ADULTS)

This form will be effective for participation in any Gateway ministry activities that begin on or after the date this document is signed through and ending on **December 31, 2022.**

- 1. PARTICIPANT INFORMATION
- 2. AUTHORIZATION FOR MEDICAL TREATMENT
- 3. RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

might result from his/her participation in any Ministry Activity.

4. PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

PARTICIPANT INFORMATION (PLEASE PRINT LEGIBLY) Name (per Passport or Driver's License): First: Middle: Last: Date of Birth: _____ Age:____ Sex (v one): ____ Male ____ Female Home Address: City: State: Zip: Cell: Work: Ext: Home Phone: Primary Email Address: Participant's Church Membership: _____ Gateway Baptist Church Other (please specify below) Church Name: Church Address: _____ City: _____ State: ___ Zip: ____ In Case of Emergency, please contact: ______ Relationship to you:_____ Home Phone: Cell: Work: Ext: ("Participant") realize and acknowledge that my participation in a Gateway Baptist Church of Montgomery, AL, Inc. ("Gateway"), event, mission trip, ministry project, camp or activity of any kind (collectively "Ministry Activity") anywhere within the United States, in an international country and travel to and from a Ministry Activity, includes many risks and possible dangers. Participant is aware that participation in a Ministry Activity exposes him/her to risks, including but not limited to, accidents, disease, war, political unrest, injury from construction projects and other

AUTHORIZATION FOR MEDICAL TREATMENT

physical, emotional and economic harms (collectively "Risks"). Participant hereby assumes all Risks that

Participant authorizes and consents to any adult member involved in a Ministry Activity (hereafter "Gateway Designee"), to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or in need of emergency treatment, Participant authorizes the Gateway Designee to summon any and all professional emergency personnel to attend, transport and treat Participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state or country in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Gateway Designee in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Participant assumes personal responsibility for all medical bills and certifies that he/she has secured primary medical insurance for him/herself. Further, should it be necessary for Participant to return home due to medical reasons, for disciplinary action, or otherwise, Participant hereby assumes responsibility for all related transportation and/or communication costs.

MEDICAL HISTORY
Hospital Insurance: Yes No Name of Insured on Account: Place of Insured's Employment:
Insurance Company: Policy #:
Physician's Name: Phone #:
Illnesses: (Please list all chronic illnesses and give details as needed)
Current Medications: (List all dosages and milligrams)
Allergies: (i.e. food, penicillin, etc.)
Previous operations/additional medical information:
RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
In good and valuable consideration, including but not limited to, being allowed to participate in a Ministry Activity, and to the fullest extent permitted by law, Participant unconditionally agrees to release, hold harmless and indemnify Gateway and [Participant's home church, if applicable], its/their trustees, officers, directors, employees, agents, volunteers, licensees, successors, legal representatives and assigns (collectively "Gateway Releasees") from any and all liability, claims, demands and causes of action for personal injury, sickness, disease, death, damages, property damage, expenses of any nature incurred by Participant, including attorneys' fees and costs, arising out of or related to, in any way, a Ministry Activity, including negligence, gross negligence and/or fault, in whole or in part, of the Gateway Releases and Gateway Designee.
PHOTOGRAPHIC AND REPROGRAPHIC RELEASE

By signing this document Participant hereby gives Gateway the absolute and irrevocable right and permission to use Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of Participant with or without Participant's voice, or in which Participant may be included in whole or in part, photographed, taped, videotaped, and/or recorded during any Gateway Ministry Activity, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any lawful purpose whatsoever. Participant also consents to the use of any printed matter in conjunction therewith, and waives any right to inspect and/or approve the finished product(s) or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that Participant may have to control the use to which said product(s), copy and/or soundtrack may be applied. Participant discharges and agrees to save and hold harmless Gateway from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that Participant may have in connection with said images and with the use thereof.

DISPUTE RESOLUTION

Participant agrees to make every effort to live at peace and to resolve disputes with others in private or within the Christian church (Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, Participant agrees that any claim or dispute arising from or related to a Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement and (3) Photographic And Reprographic Release shall be settled by Biblically based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Montgomery County, Alabama. Judgment upon an arbitration award may be entered in any court of competent jurisdiction. Participant understands that these methods shall be the sole remedy for any controversy or claim arising out of a Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement and (3) Photographic And Reprographic Release and expressly waives his/her right to file a lawsuit in any civil court against Gateway Releasees and/or Gateway Designees for such disputes, except to enforce an arbitration decision. Participant agrees that the prevailing party in any dispute will be entitled to attorneys' fees, costs and expense of litigation. The Arbitrator(s) shall determine entitlement and amount of attorneys' fees, costs and expense of litigation.

PLEASE COMPLETE AND SIGN BELOW

To the extent any of the terms or provisions of this Ministry Activity (1) Authorization For Medical Treatment, (2) Release, Indemnification And Hold Harmless Agreement, and (3) Photographic And Reprographic Release are deemed unenforceable by a court of competent jurisdiction or arbitration panel, then the terms or provisions that are unenforceable shall be stricken and the remaining terms and provisions shall remain in full force and effect.

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Participant acknowledges that he/she is eighteen (18) years of age or older, has read and understood this form in its entirety and has signed and delivered it voluntarily.

Participant's Signature Date

