Arcadia Chinese Baptist Church | Senior and Newcomer Transportation Ministry

Medical and Liability Release From

Participant Information

Participant Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Preferred Language: _____

Mobility Aid: ☐None ☐Cane ☐Walker ☐Wheelchair ☐Other _____

Transportation Requested: ☐Worship ☐Fellowship ☐Prayer meeting ☐Church

Event ☐ Other _____

Emergency Contact #1: _____ Relationship: _____

Phone: _____

Emergency Contact #2: _____ Relationship: _____

Phone: _____

Medical Information

Medical Conditions (check/apply): ☐Heart Disease, ☐High Blood Pressure, ☐ Diabetes, Asthma, ☐COPD, ☐Stroke History, ☐Seizures, ☐Arthritis, ☐ Dementia/Memory Loss, ☐Hearing Impairment, ☐Vision Impairment, ☐Allergies, ☐Other _____

_____

Describe Conditions: _____

Current Medications: _____

Medication Instructions: _____

Activity Restrictions: _____

Insurance Company: _____ Policy #: _____

Primary Physician: _____ Phone: _____

IMPORTANT: Notify the Church if your medical condition, medications, emergency contact, or insurance changes. The Church provides volunteer transportation only and is not a medical transportation provider.

Medical Emergency Authorization

I authorize Arcadia Chinese Baptist Church volunteers to contact emergency services (911) and obtain emergency medical treatment if I am unable to communicate during Church transportation or Church activities. I understand all medical expenses remain my responsibility. This authorization is effective for one (1) year unless revoked in writing.

Participant Signature: _____ Date: _____

Witness: _____

Liability Release

I voluntarily participate in the Church Transportation Ministry and understand the ordinary risks of travel by private automobile. To the fullest extent permitted by California law, I release and hold harmless Arcadia Chinese Baptist Church, its pastors, employees, volunteers, ministry leaders, and volunteer drivers from claims arising from ordinary negligence related to Church transportation. This release does not apply to gross negligence, reckless conduct, intentional misconduct, or liabilities that cannot legally be waived. I agree to wear a seat belt whenever available.

Participant Signature: _____ Date: _____

Witness: _____