

**LAKEWOOD BAPTIST CHURCH**  
**SINGLES or ADULT RELEASE FORM**  
**AGES 18 & UP**  
**JANUARY 1, 2023 - DECEMBER 31, 2023**

I \_\_\_\_\_, hereby consent and authorize my participation in any activities sponsored by **Lakewood Baptist Church during the entire year of 2023**. I will not hold the church, or any individual acting on behalf of the church, liable or in any way responsible for any injuries or harm done to me as a result of or in conjunction with the church activities. In addition, I authorize ***Lakewood Baptist Church or any individual acting on behalf of the church*** to seek medical attention for me should it be needed as a result of injury or sickness. Neither the church nor any individual acting on behalf of the church shall be liable for any medical attention rendered by a doctor, hospital, clinic, nurse, or any other individual or facility as a result of injury or sickness.

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Home Address:** Number and Street \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Contact person (1):** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Work #:** \_\_\_\_\_

**Work Place:** \_\_\_\_\_

**Contact person (2):** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_

**Work Place:** \_\_\_\_\_

**Health Questions (Circle All That Apply):**

Asthma

Heart problems

Sinusitis

Convulsions/seizures

Allergies

Sleepwalking

Chronic Sore Throat

Upset Stomach

Diabetes

Fainting

Bronchitis

Ear Trouble

Kidney Trouble

Anorexia

High blood pressure

Other: \_\_\_\_\_

List All Allergies (Food, Drug, Insect, etc.): \_\_\_\_\_  
\_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Phobias or Fears: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Family/Personal Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

**\*YOU MAY ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM  
INSTEAD OF FILLING OUT THE FOLLOWING SECTION. PLEASE MAKE SURE  
ALL INFORMATION ASKED FOR IS COVERED.**

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

\*Policy Number: \_\_\_\_\_

\*Insurance Phone Number: \_\_\_\_\_

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

**Notary:**

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

My commission expires: \_\_\_\_\_

**Affix seal below:**

Sworn to and subscribed before me this  
\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_

**Lakewood Baptist Church, 4011 Lakewood Dr., Phenix City, Al. 36867  
334-298-6433 lbcpc.org**