

Card # _____

Date Issued _____

ROC-Star Pass Application

The ROC @ Harrodsburg Baptist Church
350 S. Chiles Street
Harrodsburg, KY 40330

Name: _____ DOB: _____

Address: _____
Street Apt# City Zip Code

Phone #: (_____) _____ Cell #: (_____) _____

E-mail: _____

PERSONAL INFORMATION

Current Known Medical Concerns (Optional): Asthma ___ Heart Trouble ___ Epilepsy ___

Ulcers ___ Diabetes ___ Allergies ___ Other ___

*Please explain any medical conditions mentioned: _____

*Person to contact in case of emergency:

First Name

Last Name

Relation

Phone Number

1) Are you a member of HBC ? _____ YES _____ NO

2) Church you regularly attend?

3) Would you like information about our church? _____ YES _____ NO

FOR OFFICIAL USE ONLY:

Picture #/Description _____ Date of Pic _____

Payment Amount: _____ Date Received: _____ Collected By: _____

WAIVER AND RELEASE

I knowingly, voluntarily and intelligently sign this waiver and release in exchange for good and valuable consideration, the receipt of which is hereby acknowledged, so that I (and/or my child) may use the recreational facilities of the Harrodsburg Baptist Church, including but not limited to the recreation outreach center (ROC) and Christian Activity Center (CAC).

I agree that I have read the "Rules of Recreation" and will abide by any and all the rules and terms of the Harrodsburg Baptist Church.

I agree participation in any activities, sporting events or other exercise can be hazardous and cause injury, monetary damages and in some occasion(s) death. I agree that it is my responsibility to get a doctor's approval for participation in any physical exercise or activity and that I have seen my doctor and that he/she says I am healthy enough for such activities OR I enter this agreement without the benefit of knowing the limitations or suggestions that my doctor may have provided me. I agree that I in these events at the Harrodsburg Baptist Church at my own risk. I further agree to waive and/or release the Harrodsburg Baptist Church, its agent, employees, and volunteers from any and all claims I or my child may have including but not limited to liability for negligence, gross negligence and for any and all injuries, monetary damages and/or death that may arise.

I agree that I will not make a claim as against Harrodsburg Baptist Church, it's agents, employees, or volunteers for any lost or stolen property that may occur as a result of my use of the recreation or other facilities.

I agree that Harrodsburg Baptist Church nor any of it's agents, employees, volunteers or assigns make any representations, promises, warranties about it's building or any of their activities or programs.

I agree that Harrodsburg Baptist Church is not liable for act(s) of other individuals which could result in physical harm and/or loss of property.

I authorize Harrodsburg Baptist Church and/or it's staff or other employees/volunteer to request emergent care for me. Any cost arising from said care shall be my sole responsibility and I do not expect that Harrodsburg Baptist Church, its employees, agents, volunteers will be responsible for any such expense. I specifically authorize a disclosure of my health insurance information for purposes of providing my care.

I also understand that my medical history is important for the proper care of my needs and that I have made a full disclosure of any and all medical conditions. That may include information relating to sexually transmitted diseases, acquired immune deficiency syndrome (AIDS), or human immunized deficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol or other substance abuse. I permit all of this information to be transmitted to HBC and/or it's agents, employees, staff or volunteers for purposes of providing me care and in order to put my care providers on notice should an emergent issue arise.

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire five years from the date of this document or five years from the date of the last use of the Harrodsburg Baptist Church properties, which ever occurs later.

I understand that authorizing the disclosure of health information is voluntary and I can refuse to sign the authorization. I also understand that if I refuse to sign the authorization that I will not be able to utilize the Harrodsburg Baptist Church properties for purposes of recreation, exercise, or other programs. I further understand that any disclosure of information carries with it the potential for an authorized re-disclosure and that information may not be protected by Federal Confidentiality Rules. Information released pursuant to this authorization and release may be re-disclosed by the receiving institution or individual or other individual(s) or organizations that are not subject to the privacy protection laws.

I agree to hold harmless and indemnify and defend Harrodsburg Baptist Church, its employees, agents, assigns, or volunteers from any intentional or negligent act that I may cause during my use of the Harrodsburg Baptist Church properties. I am eighteen years of age or older or if I sign this on behalf of a child under eighteen years of age I sign as the parent or legal guardian of the minor child listed herein. I will also pay any costs of property damage that occurs from my or my child may cause to the personal or real property of Harrodsburg Baptist Church, its agents, employees, volunteers or others action on behalf of Harrodsburg Baptist Church.

This release is severable in the event any portion is deemed to be unenforceable, for any reason. Any ambiguity claimed herein shall be construed in the favor of the Harrodsburg Baptist Church and/or those released herein. The Harrodsburg Baptist Church reserves the right to refuse this application. The applicant has the right to have any refusal reviewed by the Harrodsburg Baptist Church Recreation Outreach Center Committee (ROCC) upon written notice. Said notice shall be hand delivered to the Pastor of the Harrodsburg Baptist Church within 48 hours of receipt of the denial of use.

This waiver and release is effective for five years from the date of signature.

Participant Signature (parent or legal guardian)

Date

[name of child(ren) if membership is for child]