

LAKEWOOD BAPTIST CHURCH
SINGLES or ADULT RELEASE FORM
AGES 19 & UP
JANUARY 1, 2026 - DECEMBER 31, 2026

I _____, hereby consent and authorize my participation in any activities sponsored by **Lakewood Baptist Church during the entire year of 2026**. 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 because 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 because 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 because 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 #: _____ Workplace: _____

Contact person (2): _____ Relationship _____
Home Phone #: _____
Cell Phone #: _____ Email: _____
Work Phone #: _____ Workplace: _____

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 Drive, Phenix City, Alabama 36867
(334)298-6433 lbpc.org**