

# 2017 Medical, Liability, and Photo Release Form

**Please complete and return this form to the Youth Minister.**

The following information is provided to assist the Pullen Memorial Baptist Church Staff, volunteers and chaperones, and any necessary health care provider(s) and is accurate to the best of my knowledge:

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Primary phone \_\_\_\_\_

Other phone \_\_\_\_\_ Other phone \_\_\_\_\_

Medication (currently using) \_\_\_\_\_

Allergies (to medications) \_\_\_\_\_

Allergies (other) \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Other pertinent medical or dietary information \_\_\_\_\_

\_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

# 2017 Medical, Liability, and Photo Release Form

As the parent/guardian of \_\_\_\_\_ (please print), I, \_\_\_\_\_ (please print), do hereby give my permission for him or her to participate in activities sponsored and/or administered by Pullen Memorial Baptist Church, inclusive of transportation. I hereby authorize and appoint the current **Minister with Youth and Their Families**, or other so designated adult as specified by the event or activity, to be the temporary guardian of my child. I confer upon the temporary guardian authority to sign on my behalf any and all medical or dental treatment contracts and treatment authorization forms without limitation that the guardian deems necessary for the benefit of my child in the event of illness or injury. I agree to pay such expenses as are incurred, either directly or through submission to my insurance carrier.

I, \_\_\_\_\_, hereby, for myself, my child, or heirs, executors, administrators or anyone else who might claim on our behalf, covenant not to sue, and to release, waive, and forever discharge any related organizing body including, but not limited to Baptist Youth Camp, Laurel Ridge, Festival By The Sea, Pullen Memorial Baptist Church, the temporary guardian of my child, and all other adult staff and chaperones from any liability arising out of my child's participation in activities sponsored and/or administered by Pullen Memorial Baptist Church.

## Photograph Release Form

As the parent/legal guardian of the youth named in this document: (check one)

\_\_\_\_\_ I hereby give permission to Pullen Memorial Baptist Church to use my child's photographic likeness in related church publications and websites for any lawful purpose.

\_\_\_\_\_ I do not give permission for my child's photographic likeness to be used by Pullen Memorial Baptist Church.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Additional information helpful to the Youth Minister**

**My child attends** \_\_\_\_\_ **school and is in** \_\_\_\_\_ **grade.**

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