



# PARKWAY BAPTIST CHURCH

## Release Waiver Form 2026

T-Shirt Size \_\_\_\_\_

### Student Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

### Parent / Guardian Information

Name(s) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Mom Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Dad Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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

### Emergency Information *(if above named person is not available). Please print:*

Person to Notify \_\_\_\_\_

Emergency Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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

### Insurance Information

Do you have health insurance that covers this student? Yes / No

Name of Company Policy Number \_\_\_\_\_

Insurance Carrier (Name) Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

### Health History

Please list any medications / allergies / dietary concerns or any other conditions that the church staff should be aware. \_\_\_\_\_

*(Signature required on back)*





**Photo Waiver Release and Authorization**

I hereby grant permission to the Parkway Baptist Church, Inc., and its ministers, officers, trustees, employees, agents, students, representatives, successors, licensees and assigns (hereinafter "the Church") to photograph the image, likeness, or depiction of my minor children and/or myself (if applicable). I hereby grant permission to the Church to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of my minor children and/or myself to be used by the Church worldwide for any purpose, including ministerial, educational and advertisement purposes, and in any medium, including print, social media and electronic. I understand that the Church may use such photographs and/or images with or without associating names thereto. I further waive any claim for compensation of any kind for the Church's use or publication of photographs or images of my minor children and/or myself (if applicable), and understand and agree that the photographs and/or images are solely the intellectual property of the Church. I hereby fully and forever discharge and release the Church from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children by the Church, and covenant and agree not to sue or otherwise initiate legal proceedings against the Church for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable. I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children.

**Waiver, Release and Indemnification Agreement**

I wish for my child to participate in activities made available to participants of the Youth and Children's Ministries at Parkway Baptist Church, including games and/or other activities that may be hazardous or otherwise involve a risk of physical injury or death to participants (the "Activities"). I understand that this agreement also pertains to transportation provided by Parkway Baptist Church and its representatives to and from such activities. I expressly assume any and all risks of injury or death arising from or relating to the Activities and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Parkway Baptist Church, it's ministers, corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my child's voluntary participation in the Activities. I understand that this Waiver, Release and Indemnification Agreement means, among other things, that if my child is injured or dies as a result of his/her participation in any of the Activities, I and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my child's injuries or death. I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my child's participation in any of the Activities. I understand and agree that my child would not have been permitted to participate in any of the Activities had I not executed this Waiver, Release and Indemnification Agreement. In event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in a hospital. I expect that my family will be contacted as soon as possible. I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and execute it freely, without duress, and in full and complete understanding of its legal effect, and of the fact that it may affect my legal rights. I AM THE PARENT OR LEGAL GUARDIAN of the youth whose name appears below. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_

**PLEASE ATTACH COPY OF YOUR MEDICAL INSURANCE CARD TO THIS FORM**