

MEDICAL/PHOTO AND VIDEO PERMISSION AND RELEASE FORM

Please attach a photocopy of each participants insurance card.

Name of Church: Fairview Baptist Church – Coushatta, LA Date: _____
Name: _____ Age: _____
Address: _____ City _____ St: _____ Zip: _____
In case of an emergency notify: _____ Phone () _____
Family Physician: _____ Phone () _____
Family Insurance Co.: _____ Policy #: _____
Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

PAST MEDICAL HISTORY

Any current medications you are taking (list) _____

PERMISSION FOR TREATMENT, PHOTO/VIDEO NOTICE, RELEASE & INDEMNITY

My permission is granted for the Fairview Baptist Church Youth/Children's Minister, church official, staff member, sponsor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors, church officials, staff members and Fairview Baptist Church itself from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in the above-named activity. I agree to indemnify all sponsors, church officials, staff members and Fairview Baptist Church for any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury caused by my child while participating in youth ministry activities or while on the property of Fairview Baptist Church. **IMPORTANT** – Fairview Baptist Church assumes no financial responsibility for medical expenses resulting from personal accidents or illness. Fairview Baptist Church does not carry medical reimbursement insurance. I accept financial responsibility for the well being of the above-named child and authorize the group sponsor to seek needed medical help. I also authorize the attending physician to provide any needed emergency medical treatment. I hereby waive any claim for damages for personal injury or loss of property not caused by negligence of Fairview Baptist Church.

Please fill in the following in front of a notary.

Complete and sign below (youth under 18 years of age requires parent/custodial signature).

Participants Signature: _____ Date: _____
Parent/Custodial Signature: _____ Phone: _____ Date: _____
On this the ___ day of _____, 20___, personally appeared before me _____,
personally known by me, and in the presence executed within and foregoing permission and release form.
Witness my hand and official seal this ___ day of _____, 20___. My commission expires _____.
Notary Public: _____