

Delaney Street Baptist Church – Student Ministry

Medical Release / Permission Form Effective 01/01/2022 thru 12/31/2022

**Participant Information:**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST. \_\_\_ ZIP \_\_\_\_\_

Please list any ALLERGIES the participant has including Bee Sting, Food or Medicine:

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Please list any medical conditions, chronic illnesses, surgeries, or other conditions:

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**EMERGENCY CONTACT INFORMATION (Please print) Person(s) to be notified if parent / guardian listed is unavailable, in the event of an emergency.**

Name of Adult \_\_\_\_\_ Phone \_\_\_\_\_

Name of Adult \_\_\_\_\_ Phone \_\_\_\_\_

Name of Adult \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, do hereby verify that the listed information is correct and I do hereby release and forever discharge all sponsors, leaders, church officials, volunteers or employees from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Delaney Street Baptist Church events or activities. I agree to indemnify all sponsors, leaders, church officials, volunteers or employees for any and all claims, demands, action, or causes of action, past, present or future arising out of any damage or injury caused by my child while participating in Delaney Street Baptist Church Student ministry activities and events, including transportation to and from referenced events and activities via church or privately owned vehicles.

As a parent or legal guardian of the student listed above and in consideration of the students ability to participate in the activities and events of the Delaney Street Baptist Church Student Ministry, I hereby grant my permission and authorize medical attention and or treatment for and agree to hold harmless any church staff, employee, official, sponsor, leader, volunteer, or adult present in charge of First Aid , to obtain necessary medical attention and or treatment in case of sickness or injury, including transportation to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care, as necessary. I authorize the medical treatment in my absence by a qualified, licensed Medical Doctor to the above named minor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Photograph/Video Acknowledgement and Permission: I acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials. I further grant the released parties the right to photograph and/or videotape and further to use said name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials by Delaney Street Baptist Church without reservation, compensation or limitation.

I represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_