

**General Release Form for Participation**

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street and Number City State Zip

Student’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can Student Receive Texts: Y N

**Parent Information**: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release Information:**

Medical Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of last medical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Medical Conditions (allergies, medications, recent surgery, handicaps or limitations, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**:

Please give the name & number of an adult 18+ we may contact in case of emergency. You give them consent to make emergency medical decisions in the event that you cannot be reached by listing them.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo/Video/Audio Release:**

During many events, Student Ministry Leaders and other Faith Family Baptist Church representatives document our activities through both photographs and video recordings. These are on occasion published in a variety of ways, including posted signage, through ministry/church email, flyers, social media, and on the Faith Family Baptist Church website. We ask for your permission to use these photographs/videos in the manner described above. You may remove your permission entirely or temporarily at any time by contacting the Student Ministry Pastor or the church office.

Do you give permission to use photo/video/audio files of the student named on this form in the ways described above? \_\_\_\_\_ YES \_\_\_\_\_ NO

This consent and medical release form allows for the participant named to take part in various sponsored events, trips, outings, and/or camps of The Student Ministry and Faith Family Baptist Church from June 1, 2015 to May 31, 2016. I understand that I can remove my permission entirely or temporarily at any time by contacting the Student Ministry Pastor or the church office.

I further understand that, in the event that the participant named above requires emergency medical, vision, or dental treatment while engaged in various sponsored trips, outings, and camps, reasonable efforts will be made to get a hold of the listed emergency contact to make decisions; however, if they are unavailable, I give my permission for the designated church representative to secure any needed medical treatment. I release the church representatives from any liability for accident or injuries while on these trips. I understand that Faith Family Baptist Church will not provide personal medical, vision, or dental payments. I understand that I am responsible for any costs incurred due to emergency treatments.

I understand and agree that, in the event that the above named participant is involved in any inappropriate or dangerous activities (to be defined by representatives from Faith Family Baptist Church), they will be sent home immediately at the discretion of the approved sponsors and/or church representatives. Any expenses incurred in this early return will be paid out of pocket by the signing party below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Printed Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Printed Name Signature Date

(If under 18 years of age)