

Please attach a copy of parent(s)/guardian(s) photo ID

UNION BAPTIST CHURCH
STUDENT MINISTRY
Participant Permission-Medical Release
(Please complete this form in blue ink)

Please attach a copy of a current photo of your child

THIS FORM IS FOR ALL 2014-2015 STUDENT MINISTRY ACTIVITIES, EVENTS, RETREATS AND TRIPS

Name of Participant _____ D.O.B. _____

Age _____ School Grade _____

Name of Parent(s)/Guardian(s) (Relationship) _____

Phone _____ Alternate Phone _____

Address _____ City _____
State _____ Zip _____

Permission:

- I do hereby verify the information given on this form is correct.
I do hereby give permission for my above-named child to participate in and to be transported to and from ALL activities, events, retreats or trips sponsored by the Student Ministry of Union Baptist Church, Hull, GA during the 2014-2015 church years.
I understand that this permission/release will apply to all planned activities, events, retreats or trips sponsored by the Student Ministry of Union Baptist Church during the 2014-2015 church years.
I understand that, in the case of an emergency Union Baptist Church, employees, agents and/or sponsors will make every effort to contact me and/or the contact person named below, however;
Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for Union Baptist Church employees, agents and/or sponsors to obtain emergency medical attention in case of sickness or injury, to my child.
Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by Union Baptist Church employees, agents and/or sponsors for the welfare of my child.

Hold Harmless:

In consideration for you allowing my child to go on said activities, events, retreats or trips:

- I hereby release, absolve, indemnify, hold harmless, and forever discharge Union Baptist Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child while participating in any activity, event, retreat or trip.
I assume all risks and hazards incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats or trips. In case of injury to my child, I hereby waive all claims against Union Baptist Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats or trips.

Union Baptist Church * 2900 Highway 106 South * Hull, GA 30646 * (706) 789-2378

• I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which can not be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by the Pastor, Associate Pastor(s) and Deacon Leadership of Union Baptist Church. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law except that judgment upon the award rendered by the arbitrator may be entered in any court have jurisdiction thereof.

• I agree to provide medical insurance for my child.

Photography Consent:

I understand that Union Baptist Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday school and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by Union Baptist Church in video presentations, publications, promotions, on their web site or in any other lawful manner.

Medical Insurance Information: [PLEASE ATTACH A COPY OF INSURANCE CARD]

Family Insurance Company _____
Policy # _____
Family Physician _____
Phone _____

Check applicable box and give appropriate information below:

- None Heart Trouble Bronchitis Kidney Trouble Diabetes
 Stomach upset Asthma Sinusitis Dizziness
 Allergies: List

 Other medical conditions or medications that we need to be aware of

Immunization: Tetanus: Date Received _____

Emergency Notification and Alternate Approved Pickup:

If I am unavailable in the case of an emergency or absent at scheduled pickup time please notify:

Name _____ Phone _____ Alternate Phone _____

Name _____ Phone _____ Alternate Phone _____

Name _____ Phone _____ Alternate Phone _____

Name _____ Phone _____ Alternate Phone _____

Signature of Father or Legal Guardian (Relationship)

Date

Signature of Mother or Legal Guardian (Relationship)

Date

Please sign this form in the presence of a notary public

Sworn to and subscribed before me

this ____ day of _____ 20____ .

Notary Public

If you choose to later revoke this permission/release it must be done in writing.

Revised 8/5/2014