

Antioch

BAPTIST CHURCH

Children's Medical Release and Participation Agreement Form

Antioch Baptist Church • 731-783-5330
425 Antioch Road • Humboldt, TN 38343

FULL NAME _____ Grade _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Mother's Maiden Name _____

Phone Numbers _____
(Home) (Work) (Cell)

Parents or Guardians Names _____

Doctor's Name and Phone _____

Insurance Company _____ Policy# _____ Group # _____

In the event of an emergency; Please give the name and phone number of friends or relatives we can contact who will know how to reach parents/guardians:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SWIMMING: My child is a non-swimmer fair swimmer good swimmer

IMMUNIZATIONS: Tetanus Polio Booster Measles Mumps

List known food/drug or other allergies _____

List medication taken regularly _____

Previous operations, surgeries, or serious illnesses (list year) _____

Any other special instructions regarding child: _____

<p>Office Use Only</p> <p><input type="checkbox"/> Insurance Card on File</p> <hr/> <p>(Form Expiration Date)</p>
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Continue on Reverse Side

*****PHOTO RELEASE WAIVER*****

THIS PHOTO RELEASE VALID FOR ONE CALENDAR YEAR FROM DATE SIGNED

To the parents or guardians of _____ , please note that by signing this participation agreement, you understand that photos may be taken of activities or events sponsored by Antioch Baptist Church, and may be presented in various church-sponsored media. These include, but are not limited to: photos, videos, slide presentations, PowerPoint presentations, newsletters, bulletins and/ or bulletin inserts, brochures, handbooks, programs, and church internet Web pages. I hereby remise, release and forever discharge Antioch Baptist Church from any liability for any injury or action against the above named minor resulting from the use of such photos, video, or other image in any medium utilized. This release includes that Antioch Baptist Church will not be responsible for other users' production, display, distribution, or modification of the minor's images in any manner, nor will Antioch Baptist Church be responsible for defamation, misrepresentation, or criminal acts as a result of unauthorized use of Antioch Baptist Church images by third parties. Images of a minor child published on Antioch Baptist Church's internet website will not be identified by name.

Parent/Guardian signature: _____ Date: _____

Antioch Baptist Church
Children & Youth Programs
Emergency Authorization & Waiver Form

1. EMERGENCY AUTHORIZATION:

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of Antioch Baptist Church, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below. In case I cannot be reached, **ANTIOCH BAPTIST CHURCH** personnel/chaperons are designated to act on my behalf.

ADDRESS: _____

HOME PHONE: _____

INSURANCE COMP: _____

POLICY NUMBER: _____

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

CURRENT MEDICATIONS: _____

EMERGENCY CONTACT NUMBERS:

NAME: _____	RELATION: _____	PHONE: _____
NAME: _____	RELATION: _____	PHONE: _____
NAME: _____	RELATION: _____	PHONE: _____

SIGNATURE (PARENT/GUARDIAN): _____ DATE _____

2. WAIVER OF LIABILITY FORM

In consideration of activities with **ANTIOCH BAPTIST CHURCH**, the undersigned understands that, as the parent(s) or guardian(s) of the participant, he/she/they is/are assuming full risk of injury/death arising from attending the activities, conferences, trips, retreats, or camps. Any personal belongings that _____ brings with him/her to these events is at his/her risk and is not the responsibility of **ANTIOCH BAPTIST CHURCH**.

Further, these items are NOT covered by **ANTIOCH BAPTIST CHURCH** insurance coverage. I/We understand and agree that **ANTIOCH BAPTIST CHURCH** and the CHAPERONS/Teachers/Drivers will provide _____

_____, my/our child with instructions on participation and behavior expected during these events.

I/We am/are aware that some of the events may require physical activity which could result in injury. Neither **ANTIOCH BAPTIST CHURCH** nor any of the CHAPERONS/Teachers/Drivers shall be responsible for any injury/damage/accidental death except that caused by the sole negligence. By signing below I/We expressly agree to be bound by the terms and conditions of this agreement. This waiver is effective for the period of one year from the date given below.

Date: _____

Signature(s) of Parent or Guardian: _____

Relationship to Participant: _____

Subscribed and sworn before me,
this _____ day of _____, 20__

Notary Public