

STUDENT MEDICAL/PHOTO AND VIDEO PERMISSION AND RELEASE FORM FOR 2024

Name of Church Spring Baptist Church - Spring, TX Date _____ Gender M _____ F _____

Participant's Name _____

Address _____ City/State _____ Zip _____

Home Phone () _____ Cell Phone Number () _____

Health Insurance Co. _____ Policy # _____

Group No. _____ Insurance Co. Phone Number _____

PAST MEDICAL HISTORY

Any current medications you are taking or medical conditions we need to be aware of: (list) _____

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

My permission is granted for the Spring Baptist Church Youth 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 myself. Also, I understand that as a participant, I 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 Spring 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 Spring 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 myself while participating in any SBC Classics Ministry activity or while on the property of Spring Baptist Church.

IMPORTANT - Spring Baptist Church assumes no financial responsibility for medical expenses resulting from personal accidents or illness. Spring Baptist Church does not carry medical reimbursement insurance. I accept financial responsibility for the well being of myself and/or my 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 or damages for personal injury or loss of property not caused by negligence of Spring Baptist Church.

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

Participant Signature _____ Date _____

Parent/custodial Signature _____ Date _____