

TRINITY BAPTIST CHURCH

STUDENT/CHILDREN MINISTRY

Participant Permission-Medical Release

THIS FORM IS FOR ALL 2010 STUDENT/CHILDREN MINISTRY ACTIVITIES, EVENTS, RETREATS and TRIPS

Name of Participant _____ D.O.B. _____ Age _____ School Grade _____

Name of Parent(s)/Guardian _____ Phone _____ Alternate Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

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/Children's Ministry of Trinity Baptist Church, Danielsville, GA during 2010.
- I understand that this permission/release will apply to all planned activities, events, retreats or trips sponsored by the Student/Children's Ministry of Trinity Baptist Church during the 2010 year,
- I understand that, in the case of an emergency Trinity 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 Trinity 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 Trinity 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 Trinity 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 Trinity 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.
- I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which cannot be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by the Administrative Pastor and/or church leadership. 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 Trinity Baptist Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, LIFE Group/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 Trinity Baptist Church in video presentations, publications, promotions, on their web site or in any other lawful manner.

Medical Insurance Information

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Please check applicable and give appropriate information below:

_____ None _____ Heart Trouble _____ Bronchitis _____ Kidney Trouble

_____ Diabetes _____ Stomach upset _____ Asthma _____ Sinusitis

_____ Dizziness _____ Allergies: List _____

Any other medical conditions or medications that we need to be aware of

Immunization: _____ Tetanus: Date Received _____

Emergency Notification

If I am unavailable in the case of emergency please notify:

Name _____ Phone _____ Alternate Phone _____

Signature of Father or Legal Guardian

Signature of Mother or Legal Guardian

Date _____

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 1/9/2010