

Medical Release for Youth of Mt. Moriah Baptist Church

Student's Name _____ Age _____ Birthday ___ / ___ / ___

Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____

Parent/Guardian Contact Numbers (please specify)

Home _____ Cell _____

Cell _____ Other _____

Other responsible party if parent cannot be contacted:

Name _____ Phone _____

Family physician _____ Phone _____

Any medical problems, allergies, reactions? _____

Authorization for Treatment/Release of All Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician, hospital, or ministry leadership to administer medical care and/or medications if deemed necessary by Mount Moriah Baptist Church staff, appointed group leadership, or hospital staff during youth activities and trips. I the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents of Mount Moriah Baptist Church from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 year of age) and do certify that I have secured primary medical insurance (for myself and my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

I understand that I am assuming on behalf of myself (or this minor) all risks associated with Mt. Moriah's activities. I understand and agree that this release shall be construed broadly to provide a release waiver to the maximum extent permissible under applicable law. I voluntarily sign my name as evidence of my acceptance of the above provisions. *This release is valid from July 1, 2009-July 1, 2010 unless otherwise noted.*

Signature of parent or guardian: _____ Date _____

Participant Model Release

By signing this document, the participant hereby gives Mount Moriah Baptist Church the absolute and irrevocable right and permission to use the participant's name, and to use, publish, or reproduce any photographic image or video image with or without the participant's voice, photographed, taped, videotaped and/or recorded during the duration of the event, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or other lawful purpose of manner whatsoever.

This release is valid from July 1, 2009-July 1, 2010 unless otherwise noted.

Signature of parent or guardian: _____ Date _____

I agree to follow all rules, regulations and instructions of the staff and appointed adult volunteers of the Mount Moriah Baptist Church youth ministry.

Signature of student _____ Date _____