



MEDICAL RELEASE/PHOTOGRAPHY RELEASE FORM

Valid August 2015- August 2016

Please complete this form and return it to the Student Office. You will only need to fill out this form **ONE TIME** for all Concord Student Events that occurs between August 2015 - August 2016. We will keep this form on file for this school year and summer. If you need to update your info at any time, please let our office know. Thank you in advance!

(This is only a medical release form. Your student will be asked to fill out a separate registration forms for each individual event they attend)

Complete entire form before turning in. Please attach a copy of your insurance card.

Student's Name: _____ Date of Birth: _____

Gender: M _____ F _____ School: _____ Grade: _____ Age: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

Student Home #: _____ Student Cell #: _____

Student E-mail: _____

Parents' or Guardians' Names: _____

Relationship to Student: _____

Parent or Guardian Emails: _____

Home #: _____ Cell #: _____ Work #: _____

Name of Insurance Company: _____

Policy Number of Person Attending Events: _____

Medical Issues: _____

Allergies: _____

Current Medications: _____

Other Information: _____

I hereby give my permission for _____ to receive emergency medical and/or dental treatment from a physician in the event of illness or injury. I will not hold the staff, counselors, or First Baptist Concord responsible for any incident or accident that occurs to my child resulting from reasonable and prudent activities or counselor action.

Parent Signature: _____ Date: ___ / ___ / ___

I hereby give my permission for _____ to be photographed or videoed for the student ministry website or other student ministry promotions such as camp brochures, calendars, etc.

Parent Signature: _____ Date: ___ / ___ / ___

(continue on back →)

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

FBC/CCS Activity/Event: Concord Student Events Dates(s) From Aug 2015 To Aug 2016

Check all that apply:

FBC/CCS Field Trip Volunteer Athletic Event Health/Fitness Child/Youth Activity Mission Trip
 Vacation Bible School Other: _____

(Describe activity)

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- A. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: FBC, CCS, and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
- B. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that FBC, CCS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of FBC or CCS.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive a medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Age

Signature (if under 18 years old,
Parent or guardian must also sign)

Date

Print Parent or Guardian Name

Parent or guardian signature (required
If participant is under 18 years old)

Date