

Arrow Heights Baptist Church Student Ministry Medical and Permission Release Form

Last Name

*Student Release, Hold Harmless Agreement and Image Waiver for events
and activities from January 1, 2012 to December 31, 2012.*

Name _____ Age _____ DOB _____ Grade _____
Male
Female

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Contact Name _____ Contact # _____ Work/Home/Cell (Circle One)

Medical Insurance Policy # _____

Name Policy Issued Under _____

Insurance Company Name _____ Hospital Insurance? Yes No

*IF MY INSURANCE **CHANGES** AT ANY TIME DURING THE YEAR, I UNDERSTAND IT IS
MY RESPONSIBILITY TO NOTIFY ARROW HEIGHTS BAPTIST CHURCH STUDENT MINISTRY OFFICE.*

Please list any allergies: _____

Previous Serious Illnesses: _____

Current Medications and dosages: _____

List date of last immunization: DPT _____ Tetanus _____ MMR _____ Polio _____

Check if you have had: Chicken Pox Whooping Cough Measles Mumps

My name is **(PARENT NAME)** _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge ARROW HEIGHTS BAPTIST CHURCH, its agents, servants, and employees, and all persons natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by **(STUDENT'S NAME)** _____ while participating in any activity, or activities, including travel to and from such activities and any negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of ARROW HEIGHTS BAPTIST CHURCH. By signing this agreement, I give my permission for **(STUDENT'S NAME)** _____ to receive medical attention in the event of any emergency. *It is my responsibility to provide current and correct insurance information to the Student Ministry office and my responsibility to update such information should it change within the year.*

I hereby allow photographs and video of my child's participation in the ARROW HEIGHTS BAPTIST CHURCH STUDENT MINISTRY to be published via print, video, or website which are affiliated with ARROW HEIGHTS BAPTIST CHURCH. I understand that publication may be accomplished electronically via the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against ARROW HEIGHTS BAPTIST CHURCH from the un-consented-to use, alteration, or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Printed Legal Name of Student

Date

First Name