

Name:
Deposit Paid:
Balance Due:

Medical/Photo and Video Permission and Release Form

Name: _____ Age: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Notification Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Family Physician: _____ Phone: _____

Past Medical History

Please note any allergies: Food _____ Penicillin or other drugs _____

Insect bites/stings _____ Poison Sumac, Oak, Ivy _____ Other: _____

Please list any medications you are taking: _____

Permission for Treatment and Photo/Video Notice

My permission is granted for the church minister, church official, or any other chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal church activities and these photos/videos may be used in promotional material.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Baptist Church, Roswell from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury while employed or participating in First Baptist Church, Roswell activities.

Dated this _____ day of _____, _____ State of _____

County of _____ Signature _____

On this the _____ day of _____, _____, personally appeared before me _____

Personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, _____.

My commission expires _____ Notary Public

**Please return this registration form and medical release along with your deposit
(if any stated above) to the church office.**