

Arrow Heights Baptist Church Student Ministry Release Form



*Student Release and Hold Harmless Agreement/
Image Waiver for events and activities
from January 1, 2009 to December 31, 2009.*

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 **(YOUTH 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 **(YOUTH 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.*

Date

Parent/Legal Guardian Signature

Medical Insurance Policy #

Name policy issued under

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

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

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

Arrow Heights Baptist Church Student Ministry Medical Information and History Form

Last Name

After completing form, please sign and date at the bottom.

NAME _____ AGE _____ DOB _____ GRADE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ Please Circle: Male Female

EMERGENCY CONTACT NAME _____ DAY PHONE _____ NIGHT PHONE _____

HOSPITAL INSURANCE? YES NO

INSURANCE COMPANY NAME _____ POLICY # _____

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

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

Please list any allergies: _____

Previous Serious Illnesses: _____

Current Medications and dosages: _____

Special Dietary Issues: _____

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Printed Legal Name of Student

Date

First Name