FIRST BAPTIST CHURCH LONGVIEW

STUDENT MINISTRY & STUDENT WORSHIP MINISTRY RELEASE FORM

Student Release and Hold Harmless Agreement/Image Waiver for events and activities from Jan 1, 2022 - Dec. 31, 2024

PLEASE ATTACH A COPY OF FRONT & BACK OF STUDENT'S CURRENT INSURANCE CARD

agents, servants, and employees, and from any and all claims or causes of action or claims for any bodily injuries, death while paractivities and any negligence or lack or causes.	and by this instrument, I and forever discharge FIRST BAPTIST CHURCH OF LONGVIEW, all persons, natural or corporate, in privacy with them or any of the ion of any kind whatsoever, including but not limited to actions, suits are property damage which may be sustained by (YOUTH NAME) ticipating in any activity, or activities, including travel to and from su care due or claimed to be due to the conduct of any agent, servant, H OF LONGVIEW. By signing this agreement, I give my permission	m, nd/ ich or
(YOUTH NAME)	to receive medical attention in the event of an emergen	су.
It is my responsibility to provide current responsibility to update such information	and correct insurance information to the Student Ministry offices and r n should it change within the year.	ny
Date:	Parent/Legal Guardian Signature	
	Parenti Legar Guardian Signature	
I hereby allow photographs and video published via print, video, or website w may be accomplished electronically via there from, and subsequently using, alter against the Church from the un-conse	of my child's participation in First Baptist Student Ministry Events to nich are affiliated with First Baptist Church. I understand that publicati the Internet/World Wide Web, copying my child's photographs and vid ring, or republishing it without my consent. I waive any claim for damage nted-to use, alteration, or republication of my child's photographs a ternet/World Wide Web or obtaining copies of the print or video material	on eo es nd
SIGNATURE OF PARENT or Legal G	ardian:	
Printed Name of PARENT or Legal Gu	ardian:	
Printed Legal Name of STUDENT :		
Date:		
Student Cell #		
Mom Cell #	Mom Name	
Dad Cell #	Dad Name	

FIRST BAPTIST CHURCH STUDENT MINISTRY MEDICAL INFORMATION AND HISTORY FORM

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

NAME:		AGE: DOE	3:	GRADE:		
ADDRESS:						
	Street	City	State	ZIP		
Gender (Please Circle):	Male Female					
EMERGENCY CONTACT:		PHONE#	or			
INSURANCE COMPANY I						
		ase attach a copy of front &		card)		
Medical Insurance Policy	/ #:					
Policy issued under nam	e of:					
IF MY INSURANCE <u>CHAN</u> <u>MY RESPONSIBILITY</u> TO				RY OFFICES.		
List date of last immunizati	ion: DPT:	Tetanus:				
	MMR:	Polio:				
Check if you have had:	☐ Chicken Pox	☐ Whooping (Cough 🔲 Mum	nps		
	Measles	Other				
Please list any allergies:	Foods	Insects _				
	Medicines	Medicines				
Previous Serious Illnesses:						
Current medications and do	sages:					
Special Dietary Issues:						
Other:						
SIGNATURE OF PAREN	NT or Legal Guardian	:				
Printed Name of PARENT	or Legal Guardian					
Timed Name of PARENT	or Logar Guardian.					