

**FIRST BAPTIST CHURCH LONGVIEW**

**STUDENT MINISTRY &  
STUDENT WORSHIP MINISTRY  
RELEASE FORM**

*Student Release and Hold Harmless Agreement/Image Waiver  
for events and activities from January 1, 2018 to August 31, 2020*

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

My name is (PARENT NAME) \_\_\_\_\_ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge FIRST BAPTIST CHURCH OF LONGVIEW, its agents, servants, and employees, and all persons, natural or corporate, in privacy 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 FIRST BAPTIST CHURCH OF LONGVIEW. By signing this agreement, I give my permission for (YOUTH NAME) \_\_\_\_\_ to receive medical attention in the event of an emergency. It is my responsibility to provide current and correct insurance information to the Student Ministry offices and my responsibility to update such information should it change within the year.

Date: \_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_

Medical Insurance Policy #: \_\_\_\_\_  
Policy issued under name of: \_\_\_\_\_

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

**CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO**

I hereby allow photographs and video of my child's participation in First Baptist Student Ministry Events to be published via print, video, or website which are affiliated with First 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 the 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: \_\_\_\_\_

Student Cell # \_\_\_\_\_ Student Birthdate \_\_\_\_\_

Mom Cell # \_\_\_\_\_ Dad Cell # \_\_\_\_\_

**FIRST BAPTIST CHURCH  
STUDENT MINISTRY  
MEDICAL INFORMATION AND HISTORY FORM**

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

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street City State ZIP*

HOME PHONE: \_\_\_\_\_ Please Circle: Male Female

EMERGENCY CONTACT: \_\_\_\_\_ PHONE# \_\_\_\_\_ or \_\_\_\_\_

HOSPITAL INSURANCE? \_\_\_\_\_ (INSURANCE INFO ON OTHER SIDE OF FORM)

INSURANCE COMPANY NAME: \_\_\_\_\_

*(please attach a copy of front & back of insurance card)*

List date of last immunization: DPT: \_\_\_\_\_ Tetanus: \_\_\_\_\_

MMR: \_\_\_\_\_ Polio: \_\_\_\_\_

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

Please list any allergies: Foods \_\_\_\_\_ Insects \_\_\_\_\_  
Medicines \_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current medications and dosages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Dietary Issues: \_\_\_\_\_

Other: \_\_\_\_\_

**SIGNATURE OF PARENT** or Legal Guardian: \_\_\_\_\_

Printed Name of **PARENT** or Legal Guardian: \_\_\_\_\_

Printed Legal Name of **STUDENT**: \_\_\_\_\_ Date: \_\_\_\_\_