

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, 2023-August 30, 2024*

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

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 # _____

Mom Cell # _____ Mom Name _____

Dad Cell # _____ Dad Name _____

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

Gender (Please Circle): Male Female

EMERGENCY CONTACT: _____ PHONE# _____ or _____

INSURANCE COMPANY NAME: _____
(please attach a copy of front & back of insurance card)

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.*

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

MMR: _____ Polio: _____

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

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: _____

Date _____