

MEDICAL & PHOTO/VIDEO RELEASE FORM FOR MINORS

(please attach a copy of insurance card to this document)

RAYMOND ROAD BAPTIST CHURCH

4622 Raymond Road, Jackson, MS 39212
601-372-6145

Child's Name _____ Age _____ Sex _____ Birth Date ____/____/____
(First, Middle, Last)

Address _____
(Street) (City, State, ZIP)

Father/Guardian Name _____ Home Phone _____ Other Phone _____

Mother/Guardian Name _____ Home Phone _____ Other Phone _____

In case of emergency, if the parents/guardians cannot be reached, please contact:

Name _____ Home Phone _____ Other Phone _____

Relationship to child _____

MEDICAL INFORMATION

Allergies (penicillin, medications, insects, etc.) _____

Dietary restrictions _____

List all medications currently being taken _____

List any special medical conditions _____

Family Physician _____ Phone _____

Name of medical insurance company _____ Phone _____

Insurance Policy Number _____ Name of Policy Holder _____

Any additional medical comments about this child: _____

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I, _____ , certify that I am
(parent or guardian)

the parent or guardian of _____ .
(name of child)

To the best of my knowledge, I have listed in this document all of my child's pertinent information. In the event of a medical emergency and/or situation, I give my permission for an adult representative, leader, or employee of Raymond Road Baptist Church to seek immediate medical treatment for my child, and I give my consent to such medical treatment as deemed necessary by said representative, leader, or employee. I also understand that if I am not present at the time of the emergency, attempts will be made to contact me before care is rendered. I further acknowledge that I am responsible for all costs and/or charges associated with the medical care rendered to my child.

During the time my child is in the care of Raymond Road Baptist Church, or its representatives, leaders, or employees, I as the legal guardian will not hold Raymond Road Baptist Church, or its representatives, leaders, or employees responsible for any accident and/or medical emergency. I do hereby release and forever discharge from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my or my child's employment by or participation in a church activity. I agree to indemnify the Released Parties from any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in a church activity or while on property owned by any of the Released Parties.

I further give permission for my child to be photographed or videotaped during event activities, and for these photos and/or videos to be used in Raymond Road Baptist Church public promotional materials.

I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law.

Name of Parent / Guardian _____
(please print)

Signature _____ **Date** _____