

Pleasant Valley South Baptist Church
Student Ministry Release Form
ALL FUSION EVENTS - 2012

PLEASE PRINT ALL INFORMATION

Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Cell Phone #: _____

Parent / Guardian Name: _____

Home Tel. Number: _____ Cell: _____

Insurance Company: _____

Policy Holder's Name: _____

Policy #: _____

Family Physician: Name and #: _____

Check applicable box and give appropriate information below:

None _____

Allergies _____

Asthma _____

Bronchitis _____

Diabetes _____

Heart Trouble _____

Medicines _____

Tetanus: Date Received _____

Allergic to any Medicines _____

Other needed information related to health: _____

Please turn in medicine and instructions to Sandey Mathis.
(OVER - CONTINUED)

Permission for Treatment/ Waiver of Liability

My permission is granted for the church minister, church official, or any other chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby release, absolve, indemnify, hold harmless and forever discharge Pleasant Valley South Baptist Church the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury while participating on this trip, or participating in Pleasant Valley South Baptist Church activities.

I hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by the church for the welfare of my student until you are able to reach me personally.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to my child, I hereby waive all claims against Pleasant Valley South Baptist Church, the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my student to and from the activities.

Photo/Video Notice

I understand that as a participant, my child may be photographed or videotaped during normal church activities and these photos/videos may be used in promotional material.

I, _____ (parent/ guardian signature)

Print name (parent/guardian): _____

hereby release my child, _____ ,
to participate in the year 2011, all Student Fusion activities, under the supervision of Benjie Mathis and volunteers of Pleasant Valley South Baptist Church.

Signature of Witness: _____

Date: _____