



LIABILITY AND MEDICAL RELEASE FORM

Student's Name: _____
LAST FIRST MIDDLE

Student's Address: _____
STREET CITY/COUNTY STATE ZIP

Student's Birthday: _____

Are you currently taking medicine or treatment? Yes No

If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Do you have:

- Sinus Trouble
- Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes
- Communicable Diseases, Explain: _____

List any Allergies:

Food: _____

Medications: _____

Other Medical Needs: _____

Family Physician: _____ Phone: _____

Address: _____

Insurance Company: _____ Policy Number: _____

(Please attach a photocopy of the FRONT & BACK of your current Insurance Card)

SECTION 1: Liability Release and Parental Consent (Photo Consent)

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me or my child as a result of participation in HBC Youth Ministry Activities from **December 1, 2019 to January 2, 2021** This release is intended to discharge in advance Hampsted Baptist Church of Hampstead, MD, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

I give consent for my child, _____, to participate in the Youth Ministry of Hampstead Baptist Church, Hampstead, MD activities and programs from **December 1, 2019 to January 2, 2021**, and I execute the above liability release on their behalf.

Parent/Guardian Initials

Photo Release for Minor Children

I DO grant to Hampstead Baptist Church, its representatives and employees the right to take photographs of me, my property and my children in connection with the above identified subject. I authorize Hampstead Baptist Church, its assign and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hampstead Baptist Church may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Initials

SECTION 2: Consent for Treatment (CHECK ONE)

I **DO** hereby give my consent to the church-appointed sponsor who is with my child or to any staff person, or their designee, who is present at the above mentioned event(s) to have the above child treated by emergency medical personnel, a physician, a dentist or surgeon, in case of sudden illness or injury while participating in any church sponsored activities. It is understood that Hampstead Baptist Church of Hampstead, MD will provide no medical insurance and/or payments for such treatment, and that the cost thereof will be at my expense.

I **DO** grant permission for my child to receive Acetaminophen (Tylenol) and/or Ibuprofen (Advil) as needed.

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take no action or to: _____.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions as completed.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Parent/Guardian Address: _____

Parent/Guardian Phone #1: _____ Phone #2: _____

Parent/Guardian Email #1: _____ Email #2: _____

Other Emergency Contact Person: _____

Phone #1: _____ Phone #2: _____