

Summerville Baptist Student Ministry on Campus

Medical & Media Release Form

ACTIVITY: _____ START DATE: _____ END DATE: _____

PARTICIPANT: _____ D.O.B.: _____ SHIRT SIZE: _____

I grant my permission for my son/daughter to participate fully in student ministry activities which Summerville Baptist (hereinafter referred to as "the church") is sponsoring or in which it is participating. Further, permission is hereby given to the church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for my son/daughter. I also grant permission to the church leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student in the event he/she is ill or injured while participating in or traveling to and from any church activity. I do hereby authorize and consent to any reasonable medical treatment as deemed necessary by a licensed physician. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is also understood that effort will be made to reach his/her emergency contact, prior to rendering treatment, but that any of the above treatment will not be withheld if the emergency contact cannot be reached.

I understand the nature of all church events and do hereby hold harmless Summerville Baptist Church, its staff and representatives, and any other entities, their staff and representatives that are involved for any particular event, from any liability for accidents or injury sustained by my child in conjunction with student ministry activities.

Coronavirus/COVID-19

I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

Participant Signature: _____ Date: _____

I hereby release and agree to hold Summerville Baptist Church harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the church, or that may otherwise arise in any way in connection with any activities of Summerville Baptist Church. I understand that this release discharges Summerville Baptist Church from any liability or claim that I, my heirs, or any personal representatives may have against the church with respect to any bodily injury, illness, death, or medical treatment that may arise from, or in connection to, any activities with Summerville Baptist Church. This liability waiver and release extends to the church together with all leaders and employees.

Parent/Participant Signature if over 18: _____ Date: _____

MEDIA RELEASE

I acknowledge and agree that my child's image can be captured and used on social media platforms used by Summerville Baptist Church, such as Facebook, Instagram, YouTube, summervillebaptist.org, etc...

Yes No

In case of an emergency, I can be reached at the following phone numbers:

Mother's Cell: _____ Work: _____ Father's Cell: _____ Work: _____

Alternative Contact Person:

Name: _____ Phone: _____ Relationship: _____