

**Glenview Baptist Church
Medical Information and Social Media Release Form**

Name _____ Gender _____ Birthdate _____ Grade _____

Address _____ City _____ Zip _____ Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Occupation _____ Social Security # _____ (optional)

Father's Name _____ Work Phone _____ Cell Phone _____

Occupation _____ Social Security # _____ (optional)

Child's Known Allergies _____ Blood Type _____

Important Medical History _____

Hospitalization Insurance Company _____ Policy # _____

Family Doctor _____ Phone _____

Please list the name of the nearest relative/neighbor (circle one) to be contacted in case of emergency:

(Name) (Work phone) (Home phone)

Release of Claims

In consideration for being accepted by the Glenview Baptist Church for participation in any church related activities, we (I), being 18 years of age or older, do for ourselves (myself), and on behalf of my child (participant) if said child is not 18 years of age or older, do hereby release, forever discharge and agree to hold harmless Glenview Baptist Church, its Staff, its sponsors or volunteers from any and all liability, claims or demands for personal injury, sickness or death, as well as damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child (participant) that occur while said child is participating in any church trip, activity, or event.

Furthermore, we (I) [and on behalf of our (my) child (participant) if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Glenview Baptist Church, its Staff, sponsors and volunteers to furnish any necessary transportation, utilizing both personal or church vehicles, and food for this participant.

The undersigned further hereby agree to hold harmless and indemnify Glenview Baptist Church, its trustees, employees, agents, Staff, sponsors, or volunteers, for any liability sustained by said church as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 18 years: We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission for him/her to participate fully in any church activities and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical responsibility of all medical bills, if any.

Further should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost.

I also allow our (my) child's photo and video footage to be taken at any church related events and I allow these photos/videos to be used in/on church publications, slideshows, the church website, the internet, and newspapers.

(SEE OTHER SIDE)

Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the Staff, sponsors, and volunteers.

Participant's Signature _____

Parent or Guardian

By my signature, I, _____, the parent or guardian of _____, grant my permission for him/her to participate fully in any activities sponsored by the Glenview Baptist Church. I understand that my signature carries with it the following:

1. An authorization for any of the adult leaders to obtain necessary medical attention and/or treatment for my child.
2. I knowingly release, absolve, indemnify, and hold harmless the Glenview Baptist Church, its Staff, sponsors, and volunteers from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital cost.
4. This form is valid for one year from the date of signing.

(Signature)