

UNION STUDENTS

MEDICAL RELEASE/PHOTOGRAPHY RELEASE FORM

Valid January 2020-December 2020

Please complete this form and return it to the Student Office. We will keep this form on file for this school year and summer. If you need to update your info at any time, please let our office know. Thank you in advance! **This is only a medical release form. Your student will be asked to fill out a separate registration forms for each individual event they attend.**

If possible, please attach a copy of your insurance card

Student's Name: _____ Date of Birth: ___/___/___

Gender: M ___ F ___ School: _____ Grade: ___ Age: ___

Student's Address: _____

City: _____ State: _____ Zip: _____

Student Cell: _____ Student E-mail: _____

Parents' or Guardians' Names: _____

Relationship to Student: _____ Parent or Guardian Email: _____

Parent or Guardian Phone: _____

Name of Insurance Company: _____

Policy Number of Person Attending Events: _____

Medical Issues: _____

Allergies: _____

Current Medications: _____

Other Information: _____

I hereby give my permission for _____ to receive emergency medical and/or dental treatment from a physician in the event of illness or injury. I will not hold the staff, counselors, or Union Baptist Church responsible for any incident or accident that occurs to my child resulting from reasonable and prudent activities or counselor action.

Parent Signature: _____ Date: ___/___/___

I hereby give my permission for _____ to be photographed or videoed for the student ministry website or other student ministry promotions such as camp brochures, calendars, etc.

Parent Signature: _____ Date: ___/___/___

**UNION BAPTIST CHURCH
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in CHURCH EVENTS/ACTIVITIES and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Union Baptist Church, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Tennessee.

5. I UNDERSTAND THAT THE CHURCH WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.

6. I further agree to become familiar with the rules and regulations of the Church concerning conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

7. I also understand that I should and am urged to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 2020.

Participant Printed Name

Participant Signature

Parent must sign if under 18 years old
