

**PERMISSION FOR PARTICIPATION WAIVER AND RELEASE :: STUDENT**

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  Female  
 Male

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

H Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Birthday (M/D/Y) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency contact/relationship: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Email Student: \_\_\_\_\_ Email parent: \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Care Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of last tetanus \_\_\_\_\_  We do not vaccinate. Date of last physical \_\_\_\_\_

Present or history of:

yes  no Allergies (food, insects...)? If yes, list and describe reaction & desired treatment \_\_\_\_\_

yes  no Asthma? If you have an Asthma Action Plan, please attach copy and keep with medications.

yes  no Diabetes - Please indicate:  insulin or  diet managed \_\_\_\_\_

yes  no Convulsions/Seizure activity - if yes, date of last incident \_\_\_\_\_

yes  no Fainting spells - if yes, date of last incident \_\_\_\_\_

yes  no Heart trouble \_\_\_\_\_

yes  no Bleeding disorders

yes  no Hypertension - if yes, date/last BP \_\_\_\_\_

yes  no Migraines - if yes, frequency \_\_\_\_\_

yes  no Other \_\_\_\_\_

yes  no Mental Health diagnosis - please describe diagnosis and list medications \_\_\_\_\_

List other prescription medications, dosages and what they are used for \_\_\_\_\_

yes  no If there is any reason why you might have reservations concerning your child's or your participation on a trip, please explain to assist us in making the best decisions for you or your child \_\_\_\_\_

**INSURANCE**

Name of Insurance Co \_\_\_\_\_ Provider Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Birthday (M/D/Y) of Card Holder \_\_\_\_\_ Prescription coverage?  yes  no

I hereby give my permission (if applicant is a minor) for the applicant to participate in the BHBC activities and trips including transportation from and to BHBC.

If emergency medical procedures or treatments are necessary during the event, I authorize Blythefield Hills Baptist Church staff or representatives to arrange for and consent to the procedures or treatment. I recognize that any medical treatment that is provided while attending a Blythefield Hills Baptist Church activity/trip will be paid for by me or my insurance company.

**Waiver and release of liability:** In consideration of the minor's participation, I hereby waive and release the officers, agents, employees and volunteers of Blythefield Hills Baptist Church from any and all claims that I or my minor may have for losses, damages, or injuries arising out of or resulting from my minor's participation in the program, whether or not caused by the negligence of the officers, agents, employees or volunteers of Blythefield Hills Baptist Church. I HAVE READ AND VOLUNTARILY SIGNED THIS WAIVER AND RELEASE OF LIABILITY AND PERMISSION FORM.

I verify that the applicant is in good health and is capable of participating in strenuous activities, and when necessary, will tailor activities to those within the bounds of applicant's physical health. The applicant also agrees they will cooperate with leaders and other staff, and applicant's behavior will be honoring to God.

\_\_\_\_\_  
(Print name of applicant (if adult), parent or guardian (if applicant is a minor))

\_\_\_\_\_  
Date

By checking this box I verify that the name typed above represents my true identity.

**Authorization to use picture, name, voice and likeness:** I hereby, on behalf of myself, my heirs, executors and administrators, sell, grant, assign and deliver to Blythefield Hills Baptist Church, its subsidiaries and affiliated companies, its successors, agents, licensees and assigns (Blythefield Hills Baptist Church), and those acting under its permission or upon its authority, the exclusive right to own, copyright, use, reproduce, publish, license, assign, display, retouch and/or alter at any time and in any media, now known or hereafter developed for any lawful purpose, photographic and/or audio visual materials including my image and any recording of my voice associated therewith, and to make any changes and/or additions thereto, or derivative works there from, for reproduction and/or publication in conjunction with either my own or fictitious names, testimonial copy, or otherwise. I specifically waive and surrender any claim which I may now have or hereafter have that use of the work referenced above would constitute an invasion of my privacy. I release Blythefield Hills Baptist Church of any compensation or financial claim by me as a result of these recorded images or said project.

I hereby warrant that I am of legal age and have every right to contract in my own name, or that I am the parent, legal guardian, or authorized agent of the talent whose name appears below. I state further that I have read this agreement, prior to its execution, and that I am fully familiar with the content thereof.

This contract constitutes the entire agreement between Blythefield Hills Baptist Church and me and supersedes any and all other agreements, statements, representations and understandings, whether made verbally or in writing, concerning the subject matter of this agreement and may only be modified in writing signed by Blythefield Hills Baptist Church.

- Yes, it is okay to use picture, name, voice and likeness.
- No, you do not have my permission to use picture, name, voice and likeness.

\_\_\_\_\_  
(Print name of applicant (if adult), parent or guardian (if applicant is a minor))

\_\_\_\_\_  
Date

By checking this box I verify that the name typed above represents my true identity.

Feb 2018 Revision