

Release In Full

FOR THE SOLE CONSIDERATION OF _____, a minor child, being taken on any church trip the undersigned parent or guardian of said minor child, hereby releases and forever discharges CROPWELL BAPTIST CHURCH, its members, officers, trustees, administrators, agents, employees, successors and assigns from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, arising out of or related in any way to, any activity, transaction or occurrence which may occur during the above time period or for or on account of any and all injuries, to person or property, which may occur or develop during said time. I further agree that such release is revocable only in writing, signed by a parent or guardian, and delivered in person to a member of the staff of Cropwell Baptist Church, and does not, in any way, limit this release in regard to any action prior to the date upon which such written revocation is received by the office of Cropwell Baptist Church.

Signature of Parent or Guardian

Print Name of Parent or Guardian

By initialing this box, I acknowledge that I must provide written documentation to, Cropwell Baptist Church, 2700 Hardwick Road Pell City, AL to withdraw my consent for my child to participate.

This the _____ day of _____, 20_____.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the _____ day of _____, 20_____.

Notary Public

Transportation Medical Release

I hereby grant permission and authority to: _____
(Cropwell Baptist Church Representative and /or Staff Member)
and Cropwell Baptist Church to transport and treat or cause to be treated for any and all medical emergencies, my child _____, allowing them to seek and secure whatever medical attention they deem proper and in the best interest of my child. I will remain responsible for any and all charges in seeking medical attention. I further agree that such release is revocable only in writing, signed by a parent or guardian, and delivered in person to a member of the staff of Cropwell Baptist Church, and does not, in any way, limit this release in regard to any action prior to the date upon which such written revocation is received by the office of Cropwell Baptist Church.
My insurance policy number is _____ with _____

Insurance Company

By initialing this box, I acknowledge that I must provide written documentation to, Cropwell Baptist Church, 2700 Hardwick Road Pell City, AL to withdraw my consent for my child to participate.

Signature of Parent or Guardian

Print Name of Parent or Guardian

This the _____ day of _____, 20_____.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the _____ day of _____, 20_____.

Notary Public

Photo and Video Permission

I, the undersigned, grant my permission for the above named person to participate in activities with Cropwell Baptist Church. Also, I understand that as a participant, my child may be photographed or videotaped during normal Cropwell Baptist Church activities and those photos/videos may be used in promotional material. I further agree that such permission is revocable only in writing, signed by a parent or guardian, and delivered in person to a member of the staff of Cropwell Baptist Church, and does not, in any way, limit said permission in regard to any action prior to the date upon which such written revocation is received by the office of Cropwell Baptist Church.

Signature of Parent or Guardian

Print Name of Parent or Guardian

By initialing this box, I acknowledge that I must provide written documentation to, Cropwell Baptist Church, 2700 Hardwick Road Pell City, AL to withdraw my consent for my child to participate.

This the _____ day of _____, 20_____.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the _____ day of _____, 20_____.

Notary Public

.....*Do Not Write Below This Line*.....

Medical Information Sheet

Date: _____

Child's Name: _____

Date of Birth: _____

Height: _____ 4. Weight: _____ 5. Blood Type: _____

Allergies: _____

Any known health problems (past or present): _____

Family Physician: _____

Phone Number: _____

Parents (or guardian): _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Other: _____

List three other people in case of an emergency:

Name and relationship: _____

Phone Number: _____

Name and relationship: _____

Phone Number: _____

Name and relationship: _____

Phone Number: _____