

MEDICAL AND PHOTO RELEASE FORM


summer creek
BAPTIST CHURCH
12159 W. Lake Houston Pkwy
Houston, TX 77044
(281) 458-7800

Participant Name: _____ Participant Date of Birth: _____

Participant Address: _____ City: _____ State: _____ Zip: _____

Participant Phone: _____ Participant Email: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Guardian Name 1: _____ Guardian Name 2: _____

Guardian Cell Phone 1: _____ Guardian Cell Phone 2: _____

Guardian Email 1: _____ Guardian Email 2: _____

Doctor: _____ Office Phone: _____

Other Emergency Contact: _____ Cell Phone: _____

Known food/drug allergies: _____

Medication taken regularly: _____

Swimming: My child is a non-swimmer fair swimmer good swimmer Date of last tetanus shot/booster: _____

Medical Insurance Company: _____ Phone: _____

Group Number: _____ Policy Number: _____

Photo Release: I grant Summer Creek Baptist Church the right to photograph/film above named participant during any church sponsored activities, with the understanding that pictures/videos may be used in promotional materials or otherwise published in print, digital or web form. Yes No

I understand that my signature conveys the following:

1. I hereby grant the above-named participant (if minor) my permission to participate in various church sponsored youth trips, outings and camps.
2. I further give my permission for church representatives to secure necessary medical treatment for above-named participant if I cannot be reached.
3. I knowingly release, absolve, indemnify, and hold harmless **Summer Creek Baptist Church** of Houston, Texas, its employees and representatives from all claims that might result from any injury or death of above-named participant.
4. Should medical treatment be required, I agree to pay all medical/hospital costs, either directly or through my personal insurance policy.
5. I further understand and agree that in the event the above-named participant be involved in activities that violate or compromise the rules, policies, or purposes of Summer Creek Baptist Church, I accept full responsibility including related expenses for release of participant.
6. By signing this document, I confirm that I have the authority to sign, have read the entire document, and understand that the document waves certain rights of the person signing and the participant.

Signature: _____ Date: _____

Parent or court-appointed legal guardian must sign for any participant under 18 years of age.

STATE OF TEXAS

County of HARRIS

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, year 2019.

(PERSONALIZED SEAL)

Notary Public's Signature