

Suwannee Missionary Baptist Association

AFTER SCHOOL MINISTRY Medical & Liability Release Form

1747 Walker Avenue SW, Live Oak, FL 32064

Student Information

Name _____

Address _____

City _____ State _____ ZIP _____

Birth Date _____ Current Age _____ Current Grade _____

Email Address _____

Cell Phone _____

Parent/Guardian Contact Information

Parent/Guardian #1 Name _____

Cell Phone _____ Work Phone _____

Email Address _____

Parent/Guardian #2 Name _____

Cell Phone _____ Work Phone _____

Email Address _____

Notify In Case Of Emergency _____ Phone _____

Names of authorized people to pick up in case of parent's absence _____

Medical Information

Known Allergies/Medical Conditions _____

Current Medicines _____

Insurance Company _____

Policy Number _____

Doctor's Name _____ Phone No. _____

PLEASE ATTACH A COPY OF THE INSURANCE CARD TO THIS FORM

Suwannee Missionary Baptist Association

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AFTER SCHOOL MINISTRY Release & Hold Harmless Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration for Suwannee Missionary Baptist Association permitting the undersigned's child to participate in its activities and events, the undersigned do hereby voluntarily agree to release and hold Suwannee Missionary Baptist Association harmless, and their directors, trustees, officers, employees, leaders, and volunteers from all causes of action arising out of any negligent acts or omissions or otherwise which the undersigned and their heirs, personal representatives, administrators, assigns, guardians, wards, or successors may have against any of them for, or on account of, or by reason of the undersigned's child participation in any of the activities and events of Suwannee Missionary Baptist Association. This release and hold harmless agreement specifically precludes liability on behalf of Suwannee Missionary Baptist Association, their directors, trustees, officers, leaders, employees, and volunteers for any personal injury to the undersigned's child, or for damage or loss of the undersigned's personal property, which arise from or are incident to the undersigned child's participation in any of the activities and events of Suwannee Missionary Baptist Association.

The undersigned further agrees to abide by the rules and regulations as set forth by Suwannee Missionary Baptist Association in its policies and procedures.

Media Release - The undersigned consents to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject(s) of this release during the activity/event to be used, distributed, or shown as Suwannee Missionary Baptist Association sees fit.

The undersigned consents to occasional transportation in a personal vehicle (other than the church van) driven by an adult volunteer who is an approved driver as listed by Suwannee Missionary Baptist Association.

Consent For Emergency Medical Treatment

I am the parent/legal guardian of the above-named participant and I hereby authorize Suwannee Missionary Baptist Association and its representatives to act on my behalf in any emergency medical treatment that may be required. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed physician in the exercise of his/her best judgment may deem advisable. I have read all the above-stated terms of the Release and Hold Harmless Agreement and understand its meaning fully and voluntarily agree to its terms. This authorization shall remain effective until one year from the date signed unless revoked in writing at an earlier date.

Signature of Parent/Legal Guardian

Date

Print Name Here

State of Florida
County of _____

This instrument was acknowledged before me on date: _____ I certify this person is known to me or has produced a photo identification.

(Signature of notary)

(Notary stamp)