



**YOUTH MEDICAL & MEDIA RELEASE FORM  
2017-2018**

**CONTACT INFORMATION:**

Name of Minor \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Guest?  N  Y Invited by \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact other than parents or guardians:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL INFORMATION:**

Minor's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Insured's Name \_\_\_\_\_

Pertinent medical information (diabetes, allergies, medications, limitations, etc.):

[Please read and sign on the back.]

**MEDICAL RELEASE:**

In the event that my child suffers a sudden illness, accident, or injury and neither parent (or, as the case may be, neither guardian) can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

This release shall be valid from June 1, 2017 to August 31, 2018 unless terminated in writing.

Signature of parent/legal guardian

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name \_\_\_\_\_

**PHOTO AND VIDEO RELEASE:**

I hereby grant Hixson Presbyterian Church (“HPC”) permission to use my minor child’s likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of HPC and will not be returned. I hereby irrevocably authorize HPC to edit, alter, copy, exhibit, publish or distribute this photo or video for purposes of publicizing HPC’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I hereby hold harmless and release and forever discharge HPC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby certify that I am the parent/guardian of: \_\_\_\_\_ and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_ (Parent/Guardian’s Signature/Date)

\_\_\_\_\_ (Parent/Guardian’s PRINTED Name/Date)