

Valley View Baptist Church

Minors Trip Release Form (side one)

Student's Name: _____ **Date:** _____

Address: _____ **Zip:** _____

E-Mail (parent): _____ **E-Mail (Youth):** _____

Phone: _____ **Age:** _____ **Grade:** _____ **Birthdate:** _____ **Gender:** _____

Insurance Carrier: _____

Policy Number: _____

Physician's Name: _____ **Phone:** _____

Allergies: _____

Chronic Illnesses: _____

Drugs currently being taken: _____

Is child subject to motion sickness? Yes _____ No _____

Child is to take _____ or _____, or generic equivalent for motion sickness.

Child is permitted to take _____ or _____ or generic equivalent for fever.

Child is permitted to take _____ or _____ or generic equivalent for headache.

Child is permitted to take _____ or _____ or generic equivalent for flu symptoms

Activities

All Activities of the Church Calendar Year (LIST)

Photo and Video Permission

My permission is granted for Valley View Baptist Church to videotape or photograph my child or young person during church events or normal activities. I understand these photos may be used as church promotional materials.

Parent or Legal Guardian: Accept: _____

Disapprove: _____

Parents Emergency Contact Information: Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Parent's Name(s): _____

Alternate contact: _____ Phone: _____

Minors Trip Release Form (side two) RELEASE, HOLD HARMLESS AND INDEMNITY

I, the undersigned, as parent or legal court appointed guardian of _____, a Minor under the age of eighteen (18), ("Minor"), with full authority to act on behalf of Minor, do hereby agree and give my consent to the Minor participating in the Programs and Activities at Valley View Baptist Church. I, on my own behalf and on behalf of Minor, acknowledge that participating in the Programs and Activities involve certain risks and that injuries, death, or other harm (including damage to Minor's property) could occur to Minor ("Injuries"). By allowing Minor to participate in the Programs and Activities, I, on my own behalf and on behalf of Minor, hereby assume full responsibility for the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of Minor, and our heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY Valley View Baptist Church of Vine Grove, Kentucky, Inc. and its staff, volunteer leaders, members, employees, deacons, council members, Ministry and Church Leadership (hereinafter collectively referred to as "VVBC") from and against any and all liability, claims, damages, causes of action, loss costs and expenses (including, without limitation, attorney's fees) for Injuries arising out of or connected with the Programs and Activities, including traveling to and from the Programs and Activities.

MEDICAL CONSENT AND AUTHORIZATION

If, while participating in the Programs and Activities, Minor requires emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered to Minor as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to VVBC to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of Minor, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery and administration of prescription drugs. I assume full responsibility for all medical expenses incurred as a result of such emergency treatment.

Parent/Guardian Signature:

Witness:

Signature

Signature

Printed Name

Printed Name

Date: _____

Date: _____