

2021-2022 VBC STUDENT MINISTRY RELEASE FORM

Student Name _____, _____ Date _____ Grade _____
(Last) (First) (MI)

Home Address _____ Date of Birth _____ Gender _____

City _____ Zip _____ Home Phone _____ Student Cell _____

Dad / Guardian's name _____ Cell # _____

Mom / Guardian's name _____ Cell # _____

Emergency Contact if parents / guardians are unavailable _____

Phone numbers: _____

Are all immunizations current? ____ Yes ____ No Last Tetanus Shot _____

Regularly taken medications (Medication, dosage, frequency) _____

Doctor's Name _____ Phone _____

Insurance Company _____ Policy Number _____

Name of Policy Holder _____ (Please attach a copy of insurance card)

Food / Medication Allergies _____

Medical conditions _____

My student is a: ____ Non-swimmer ____ Fair Swimmer ____ Good Swimmer

The student named above willingly and knowledgeably plans to take part in various sponsored activities, trips, outings, and camps of Victory Baptist Church (VBC), Maryville, TN. The student is physically able and has my permission to participate. I accept the risks involved in all aspects of participation including transportation associated with such events. I understand that in the event the student requires medical or dental treatment while engaged in the various sponsored activities reasonable efforts will be made to contact the person(s) I listed above; however, I give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for my student. I release VBC, its representatives, and sponsors from liability for accident or injuries during activities connected to VBC. I further understand and agree that, in the event that my student is involved in any inappropriate or dangerous activities (including continuing uncooperative/disrespectful attitudes or misbehavior), I will pay all expenses to bring my student home from the activity/camp immediately at the discretion of the approved sponsors and/or church representative. I have supplied, understood, and agree to all the information contained on the Medical Release form.

For good consideration, the undersigned individual hereby agrees to provide his or her assigns, licensees, and legal representatives the irrevocable right to use my student's name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents, and I understand that this agreement is a release of all claims including the negligence of VBC and all representatives.

This Release Form is valid from August 1, 2021 – August 1, 2022

Signed: _____ Date: ____/____/____
Signed: _____ Date: ____/____/____

NOTE: Form MUST be notarized for authenticity.

Notary Public: _____

My Commission expires: _____

