

Bethany Church Annual Permission and Medical Release Form

Students Name: _____ Age: _____ Birthdate: _____

Students Phone Number: _____ Parents Phone Number: _____

Physical Address: _____

City, State, Zip: _____

Parent(s) or Guardian (s): _____

Emergency Contact (Other than Primary Parent/Guardian): _____

Phone number of secondary emergency contact: _____

I give permission for my child to attend and participate in any event or function taking place between 1/1/2020 and 12/31/2020 that is sponsored and endorsed by Bethany Church, 450 S Ivy St., Canby, OR 97013. This includes permission to participate in youth group activities and outings, release of all claims arising from such activities and outings, and authorization for any necessary medical or dental treatment. I hereby release and agree to hold harmless Bethany Church together with its agents and employees from all actions, causes, damages, claims, or demands which I, my heirs, executors, administrators or assigns may have against Bethany Church for any and all personal injuries, loss, or damage, known or unknown, which my child may incur by participating in the above activities or outings.

I understand that I will be notified in the case of a medical emergency. However, in the event that I, and the emergency contacts above, cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize the physician or hospital selected by the event chaperones to make emergency medical care decisions on behalf of my youth. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with knowledge of its significance. The undersigned further agree to assume full financial responsibility for any and all charges incurred, specifically including ambulance, physician, hospital, and medical expenses. In the event of injury to the participant, I understand that the participant's own medical insurance is primary and any Bethany Church medical coverage may be secondary.

I further agree to notify Bethany Church immediately of any changes in any of the information on this form.

Signature of Parent or Legal Guardian

Date

Existing medical conditions and/or physical restrictions: _____

Allergies and/or Medications: _____

Briefly describe swimming ability: _____

Date of last tetanus immunization: _____

Name and phone number of physician: _____

Insurance Carrier: _____ Policy # _____

Photo/Video Release

I understand that the activities and events sponsored by Bethany Church are considered public and may be photographed or recorded, and that these photos or videos may be presented in various church-sponsored media, including but not limited to: photos, videos, slide presentations, PowerPoint presentations, newsletters, bulletins and/or bulletin inserts, brochures, handbooks, programs, and Internet Web pages. I hereby remise, release and forever discharge Bethany Church from any liability for any injury or action against the above-named minor resulting from the use of such photos, video, or other image in any medium utilized. This release includes that Bethany Church will not be responsible for other user's production, display, distribution, or modification of the minor's images in any manner, nor will Bethany Church be responsible for defamation, misrepresentation, or criminal acts as a result of unauthorized use of Bethany Church images by third parties.

Signature of Parent or Legal Guardian

Date