

Paragon Medical Release Form

PHOTO PERMISSION

I, _____ (Parent's Name), give permission to Paragon Church and its staff to use photographs of _____ (student's name), for the purpose of promoting the Church, Events, and Ministries through brochures, websites, flyers, etc...

ACTIVITY PERMISSION

_____ has my permission to attend all youth activities sponsored by **PARAGON CHURCH** from **JANUARY 1, 2015 to DECEMBER 31, 2015**.
NAME OF STUDENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF AND NOTARIZED BY A LEGAL NOTARY PUBLIC

Parent/guardian signature: _____ Date: _____

ACKNOWLEDGEMENT

State of _____

County of _____

On this date, _____, 20____, before me, (notary name) _____, personally appeared (parent name) _____, personally known to me or proved to be on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed above, and acknowledged to me that (s)he/they executed the same in the capacities set forth above, for the purpose and consideration therein expressed.

WITNESS my hand and official seal

(notary signature)
Notary for: _____
My Commissions expires: _____