

2016-2017 Permission Form and Media Release

First Baptist Church Student Ministry

My student _____, has my permission to participate in both on and off campus activities of the student ministry of First Baptist Church, Camden, South Carolina during 2016 and 2017.

I also give my child permission to travel with the group during the above-mentioned period of time.

I understand that First Baptist Church of Camden, the ministers, staff, adult workers, or chaperones take no responsibility other than normal and prudent supervision and I, therefore, release them from liability in the event of injury or loss of personal property.

In consideration for my child, _____, being allowed to participate in the student ministry activities of First Baptist Church, Camden, SC, I/We, for ourselves and our child, hereby authorize First Baptist Church of Camden, SC to record my child's picture and voice on photographs, films, audiotapes, and/or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising, and hereby release and discharge First Baptist Church Camden, SC, and their directors, officers, employees, and agents, as wells as the organizers, sponsors, supervisors, counselors, and chaperones from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

Parent's Signature Date

~~~~~  
In the event of an emergency where medical treatment is required, I give my permission to the staff, sponsor, or chaperone to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Comments or Medical Info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Person(s) to notify in the event we are unable to contact you:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_