Medical Release Form

Central Baptist Church – Missions Department

Name of Participant		
Date of Birth		
Address		
City	_ State	Zip
Name of Parent/Guardian (if applicable)		
Phone		
Medical and Insurance Information		
Family Insurance		
Company Policy #		
Family Physician		
Phone	_	
Check applicable box and give a	appropriate	information below:
None		Kidney Trouble
Allergies		Sinusitis
Insects		Stomach Upset
Medicines		Other
Asthma		Immunizations
Bronchitis		Tetanus: Date received
Diabetes		Typhoid: Date received
Dizziness		MMR: Date received
Heart Trouble		

Permission (if applicable)

l,	(parent/guardian), hereby give permission for	٢
(student) to travel with _	(church) to	
(destination) during the f	following dates	

I do hereby verify that the information below is correct and grant permission for the church to obtain medical attention in case of sickness or injury.

I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of my student until you are able to reach me personally.

I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of the injury to my student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting myself to and from the activities.

I agree to provide medical insurance for myself.

Permission (continued)

I Consent to Use and Publication of Image (see statement below)

For and in consideration of participation in mission trips, for myself and Participant I hereby give Central Baptist Church the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after above mission trip, and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or approve drafts, finished products, and/or editorial, promotional, and printed copy, and sound tracks that may be used in connection therewith, and waive all rights to control any aspect of any production, alteration, use, distribution, or disposition of said products, copy, and/or sound tracks, and hereby discharge and agree to hold Central Baptist Church harmless and fully indemnify Central Baptist Church from and against any and all Claims arising by virtue of any production, alteration, use, distribution, or disposition thereof, and from and against all Claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all Claims for violation of any personal and all proprietary rights of that I or Participant may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

Signature (Parent/Guardian if applicable)	Date