



RELEASE FORM

Release and Hold Harmless Agreement/Waiver for Events & Activities
From January 1, 20__ to December 31, 20__ (1 YEAR)

My name is **(PARENT NAME)** _____ and by this instrument, I do hereby re-lease, acquit, hold harmless and forever discharge ZION HILL BAPTIST CHURCH, its agents, servants, and employees and all persons natural or corporate, in privity with them or any of them, from any and all claims or causes of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by **(CHILD NAME)** _____ while participating in any activity or activities, including travel to and from such activities and any negligence or lack of care due or claimed to be, due to the conduct of any agent, servant, or employee of ZION HILL BAPTIST CHURCH. By signing this agreement, I give my permission for **(CHILD NAME)** _____ to receive medical attention in the event of any emergency. *It is my responsibility to provide current and correct insurance information to the church office and my responsibility to update such information should it change within the year.*

Date

Parent/Legal Guardian Signature

Medical Insurance Policy # _____

Name policy issued under _____

IF MY INSURANCE CHANGES AT ANY TIME DURING THE YEAR, I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE CHURCH OFFICE.

MEDICAL INFORMATION CONTINUED ON BACK

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

I hereby allow photographs and video of my child's participation in the activities of ZION HILL BAPTIST CHURCH to be published via print, video, or website which are affiliated with ZION HILL BAPTIST CHURCH. I understand that publication may be accomplished electronically via the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering or republishing without my consent. I waive any claim for damages against ZION HILL BAPTIST CHURCH from the un-consented-to use, alteration, or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Printed Legal Name of Student

Date

Notary Public Information

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Signature _____ My Commission expires: _____

Zion Hill Baptist Church Medical Information & History Form

Last Name

First Name

After completing form, please sign and date at the bottom.

NAME _____ AGE _____ DOB _____ GRADE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ PLEASE CIRCLE: MALE FEMALE

EMERGENCY CONTACT NAME _____ DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

HOSPITAL INSURANCE? YES NO

INSURANCE COMPANY NAME _____ POLICY # _____

List date of last immunization: DPT _____ Tetanus _____ MMR _____

Polio _____ Flu _____

Check if student has had: Chicken Pox _____ Whooping Cough _____ Measles _____

Mumps _____ Other _____

Please list any allergies: _____

Previous Serious Illnesses: _____

Current Medications and dosages: _____

Special Dietary Issues: _____

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Printed Legal Name of Student

Date