

(Submit a copy of this form and a copy of your insurance card along with the other paperwork to the ministry office as soon as possible.)

## Summit Baptist Church 2020 Annual Medical/Media Permission and Release Form

Participants Name: \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ School Grade \_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ S.S# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Primary Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Providers Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Allergies: Drug \_\_\_\_\_  
Food \_\_\_\_\_  
Other \_\_\_\_\_  
Other Medical Conditions \_\_\_\_\_

List all current medications: \_\_\_\_\_

Special Diet/Instructions \_\_\_\_\_

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I, the undersigned, grant permission for the above named person to participate in all the recreational activities for the year with Summit Baptist Church. I understand some recreational activities involve a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to release Summit Baptist Church, their employees and associates from any and all liability which could result from participating in these recreational activities. I also grant permission and release Summit Baptist Church, its employees and associates from all liability when transporting the named person above to and from these events. Also, I understand that as a participant my child may be photographed or videotaped during normal Summit Baptist Church Ministry activities and those photos/videos may be used in promotional material.

I, the undersigned, accept financial responsibility for the well being of the above named person and hereby authorize Summit Baptist Church, its employees or associates in charge to obtain medical attention in case of sickness or injury. I also authorize the attending physician to provide any and all required medical treatment.

I, the undersigned, do hereby verify that the above information is correct and accept all responsibility to notify Summit Baptist Church if any of the information changes. I do release and forever discharge all sponsors, Summit Baptist Church employees and volunteers from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage, injury, loss of property or death while participating in Summit Baptist Church Ministries. I also understand and accept that a copy of this form is as valid as the original.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Notary \_\_\_\_\_ Commission Expires \_\_\_\_\_