

**HILLCREST BAPTIST CHURCH
RELEASE & MEDICAL CONSENT
(STUDENT)**

The undersigned ("Parent" or "Guardian"), for and in consideration of Hillcrest Baptist Church

allowing _____ ("Child") to participate in Hillcrest youth activities agrees to release, hold harmless, defend, and indemnify Hillcrest, its ministers, agents, employees, volunteer workers, and all persons in privity with ("Indemnified Parties"), from and against all liabilities, claims, losses, costs, expenses and damages of any and every kind caused, incurred, suffered by, or asserted against Indemnified Parties arising out of or resulting directly or indirectly from Child's participation in the youth activities.

Parent hereby authorizes Indemnified parties to seek medical care for Child should the need arise during the youth activity.

Child's allergies or special medical needs are as follows:

Allergies or Medical Needs

(please print) Parent/Guardian

Home Number

Work Number

Cell Number

In the event that parents/guardian cannot be reached, please list names and telephone numbers of responsible persons who may be contacted:

Doctor's name and telephone number _____

Insurance Company _____

Name of Insured _____

Policy # _____

MEDIA CONSENT. I give my consent and permission for the taking of photographs of me (or my child) on the official church website, www.hbcjasper.com. I understand photo content will relate to the church or church activities. Youth will not be identified by name in any photo or text.

PLEASE INITIAL _____

Signature _____ **Date** _____

