

**SBC Adult Permission Medical Photo Release Form 2019-2020**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Are there any special health conditions of which Sharon Baptist Church should be aware (such as allergies to medicines or bee stings, epilepsy, heart conditions, etc.)? (Please check one) ☐ No ☐ Yes

If the answer to the preceding question was "Yes," please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know how to swim? (Please check one) ☐ No ☐ Yes If yes: ☐ Beginner ☐ Intermediate ☐ Advanced

**PERMISSION AND RELEASE**

I do hereby give, release, absolve, indemnify, and agree to hold harmless, Sharon Baptist Church, its trustees, staff, volunteers, and persons transporting me to and from the activity and associated activities from any claim arising out of my injury, except to the extent such harm is the result of the intentional misconduct of Sharon Baptist Church or such other party seeking to enforce this release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**MEDICAL CARE AUTHORIZATION**

I hereby authorize Sharon Baptist Church and its trustees, staff, volunteers, and persons transporting me to and from the activity and associated activities to seek and have emergency medical first aid administered to the above named attendee during 2019-2020.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**WAIVER OF PUBLICITY FORM**

I give permission for the use of any photos, movies, and audio or video tapings of me in connection with Sharon Baptist Church's ministries, to be used with SBC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_