



Parental Consent Form 2018-2019

Student Information *Please print legibly*

Student name: _____ Parent name: _____

Address: _____ Parent cell phone: _____

_____ Parent email: _____

Home phone: _____ Parent work phone: _____

Student cell phone: _____ Insurance company: _____

Student email: _____ Policy number: _____

Date of birth: ____/____/____ Group number: _____

Grade: _____ School: _____ Doctor's name: _____

Date of last tetanus: _____ Doctor's Phone: _____

Medications: _____

Known allergies: _____

As a parent or guardian, I/we hereby give my/our permission for _____, my/our minor to attend activities organized or sponsored by Bayside Baptist Church. This medical release and liability form is valid from August, 2018-August, 2019.

In the event of any emergency requiring medical care or treatment and I/we cannot be reached, I/we hereby authorize the staff personnel of Bayside Baptist Church to act in our stead and give permission for any medically necessary treatment of my/our child.

I/we hereby give permission for any attending physician and/or hospital staff personnel to take any reasonable action necessary for my/our minor child's well being, including hospitalization, anesthesia, injections and surgery. Any directions to the contrary are set above.

Every activity sponsored by Bayside Baptist Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I/we agree to assume and accept all risks and hazards inherent in church-related social activities. I/we also agree not to hold Bayside Baptist Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property listed above. I/we understand that we are signing for the child listed on this form and the signature is for both medical and liability release. Please notify me/us immediately concerning any such emergency.

_____ Dated this _____ of _____, 20____.
Signature

Notary Seal Name: _____

County of _____, state of Tennessee

Sworn to and subscribed before me this _____ day of _____, 20____.

My commission expires: _____

Parental Consent and Release for Publishing or Showing Minor Child's Still or Moving Image

I, the parent/guardian of _____, understand that from time to time, pictures are taken during the activities at Bayside Baptist Church, or under its direction, and then they are presented in various church-sponsored media. These include, but are not limited to: pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This form is to notify you that those meetings, events and activities (including worship and classroom settings) are considered public and they are video taped and photographed and used in the above listed manner.

Further, on occasion a child's image may be singled out and used as an identifiable image. In order for us to use an image of your child where they are not part of a larger group, we ask that you sign the waiver below to grant permission for us to use your child's image.

I hereby remise, release and forever discharge Bayside Baptist Church, its agents and employees from any liability for any injury or action against the above named minor resulting from the use of such pictures, video or other image in any medium utilized. This release includes that Bayside Baptist Church will not be responsible for other user's reproduction, display, distribution or modification of the minor's images in any manner, nor will Bayside Baptist Church be responsible for defamation, misrepresentation, criminal acts by any unauthorized use of Bayside Baptist Church images by third parties.

I hereby release to Bayside Baptist Church all right to copyright this work and or exhibit this work in print or electronic form publicly or privately. I also permit them to market and sell copies as necessary. I waive any rights, claims or interest that I or my child may have concerning these images. I understand that I will not be compensated in any way for the use of my child's photograph, whether it is a still or moving image.

You have my permission to use my child's image in the media types listed above, as well as any new media formats that are developed in the future. I am at least 18 years of age, I understand the above statement and I am competent to execute this agreement.

Signature of parent or guardian

Date