

# MEDICAL, LIABILITY, PHOTO RELEASE

(For All Cibolo Creek Community Church Events, Activities and Trips through May 2011)

Name of Youth Participant \_\_\_\_\_ Date of **BIRTH** \_\_\_ / \_\_\_ / \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ High School Class of \_\_\_\_\_

Student's Address \_\_\_\_\_ Student Cell # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student E-mail \_\_\_\_\_

## Parent Information:

Mother: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Non-Parent Emergency Contact Person \_\_\_\_\_ Relation \_\_\_\_\_

Phone (s) for Emergency Contact Person \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Physician Name \_\_\_\_\_ City \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any medical allergies, daily medications, medical problems or other pertinent medical information we would need in an emergency:

\_\_\_\_\_

I understand that, in the event medical treatment is required, every effort will be made to contact one of the student's parents. However, if a parent cannot be reached, I give my permission to adult staff or volunteer representatives of Student Impact/Cibolo Creek Community Church to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legally Designated Guardian)

## WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below, release Student Impact/Cibolo Creek Community Church, as well as adult and volunteer representatives of such, from any claims resulting from injury or damage that may be sustained by my child while participating in activities, events and trips sponsored by Student Impact/Cibolo Creek Community Church.

Name of Youth Participant \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legally Designated Guardian)

## PHOTO RELEASE

This document serves as a release for my child to appear in photographs and/or videotapes depicting my child's participation in Student Impact/Cibolo Creek Community Church sponsored events, activities, and trips for the purposes of publicity, training, and promotion of said activities, events, and trips.

Name of Youth Participant \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legally Designated Guardian)