

ABCCR Medical and Image Release Form

Name _____ Date of Birth _____

Grade _____ Gender _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

Church _____

List any allergies, including FOOD allergies or special needs for participant

Parent / Legal Guardian

First Name _____ Last Name _____

Phone Number _____ Email _____

Additional Emergency Contact (if parent can not be reached)

First Name _____ Last Name _____

Relationship to Participant _____

Emergency Contact Phone Number _____

Health Insurance Company _____

Physician's Name _____

Physician's Contact Number _____

*Parent/ Legal Guardian Acknowledging Discipline, Liability, & Medical Release and Medical and COVID Release: _____

I give permission for my child/self to be recorded in any form of media by ABCCR

Yes

No

Discipline, Liability, & Medical Release

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the event(s) listed above with the American Baptist Churches of the Central Region. The individual identified on this form understands that all participants are expected to abide by the program rules and be directly responsible to their church leader. The event director assumes responsibility for discipline at the program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless ABCCR and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with ABCCR. I also release the lessor/owner of properties on which the Program is held. I agree to pay for any damages or property loss as determined by ABCCR.

Further, I do authorize the minister or sponsor of this activity or any ABCCR staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

COVID-19 Release

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. We are doing everything we can to be compliant with all regulations and ensure the safety of youth and leaders. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that youth, leaders, or parents will not become infected with COVID-19. On behalf of yourself and your youth, you hereby release, covenant not to sue, discharge, and hold harmless American Baptist Churches of the Central Region its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your child's participation. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of these organizations, employees, agents, and representatives, whether a COVID-19 infection occurs, before, during or after participation.

Image Release

I (We), the undersigned individual(s), grant American Baptist Churches of the Central Region (ABCCR), located at 5889 SW 29th St, Topeka, Kansas, USA, the perpetual, non-exclusive, royalty-free right and license to: Record my participation and appearance on digital or film photography, video, audio or any other medium. Use my name (or any fictional name), likeness, voice and biographical material and information in connection with these recordings to be used only in or for ABCCR written, electronic and web publications, including social media and apps to be used for the promotional material, multimedia and publication purposes of the American Baptist Churches or the Central Region. Reproduce, distribute, publicly display and/or publicly perform, in print, electronic or any other medium, copies of the recordings, in whole or in part. Grantor represents that he or she possesses all rights necessary to grant this permission for and in connection. I am voluntarily making this grant of rights. I further agree to release and forever discharge ABCCR, its agents, employees and designated representatives from any and all claims in law or equity that I, my heirs or personal representatives have or shall have arising out of recordings. Consent I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve and waive any rights in this release.