

Mt. Olivet Baptist Church
MT. OLIVET STUDENT MINISTRY
Participant Permission-Medical Release

THIS FORM IS FOR ALL 2022 STUDENT MINISTRY ACTIVITIES, EVENTS, RETREATS AND TRIPS

Name of Participant _____ D.O.B. _____ Age _____ School Grade _____
Name of Parent(s)/Guardian _____ Phone _____ Alternate Phone _____
Address _____ City _____ State _____ Zip _____

Permission

- ✓ I do hereby verify the information given on this form is correct.
- ✓ I do hereby give permission for my above-named child to participate in and to be transported to and from **ALL** activities, events, retreats or trips sponsored by the Student Ministry of Mt. Olivet Baptist Church, Hartwell, GA during 2022.
- ✓ I understand that this permission/release will apply to all planned activities, events, retreats or trips sponsored by the Student Ministry of Mt. Olivet Baptist Church during the 2022 year,
- ✓ I understand that, in the case of an emergency Mt. Olivet Baptist Church, employees, agents and/or sponsors will make every effort to contact me and/or the contact person named below, however;
- ✓ Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for Mt. Olivet Baptist Church employees, agents and/or sponsors to obtain emergency medical attention in case of sickness or injury, to my child.
- ✓ Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by Mt. Olivet Baptist Church employees, agents and/or sponsors for the welfare of my child.

Hold Harmless

In consideration for you allowing my child to go on said activities, events, retreats or trips:

- ✓ I hereby release, absolve, indemnify, hold harmless, and forever discharge Mt. Olivet Baptist Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child while participating in any activity, event, retreat or trip.
- ✓ I assume all risks and hazards incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats or trips. In case of injury to my child, I hereby waive all claims against Mt. Olivet Baptist Church, its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats or trips.
- ✓ I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which cannot be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by the Administrative Office and legal counsel. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law; except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.
- ✓ I agree to provide medical insurance for my child.

Photography Consent:

I understand that Mt. Olivet Baptist Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, small groups and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by Mt. Olivet Baptist Church in video presentations, publications, promotions, on their web site, social media site, or in any other lawful manner.

Medical Insurance Information

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

- None Heart Trouble Bronchitis Kidney Trouble
- Diabetes Stomach upset Asthma Sinusitis Dizziness
- Allergies: List _____

Other medical conditions or medications that we need to be aware of _____

Immunization: Tetanus: Date Received _____

Emergency Notification

If I am unavailable in the case of emergency, please notify:

Name _____ Phone _____ Alternate Phone _____

Signature of Father or Legal Guardian

Signature Witness, can not be a relative.

Signature of Mother or Legal Guardian

Date _____

If you choose to later revoke this permission/release, it must be done in writing.