



## MEDICAL RELEASE AND INDEMNITY AGREEMENT PARENTAL PERMISSION FORM AUTHORIZATION FOR THE USE OF VIDEOS AND PHOTOGRAPHS

**This form is valid for all First Baptist Church of Levelland Youth Ministry events during the year from January 2011 – December 2011.**

We, the undersigned, DO HEREBY RELEASE, PROMISE TO SAVE HARMLESS AND PROMISE TO INDEMNIFY Sam Griffin, First Baptist Church of Levelland, Texas, and all adult sponsors of or for First Baptist Church of Levelland (hereafter referred to as "INDEMNITIES") for and from any liability whatsoever for any injury, damage, accident, misfortune, or death sustained by the undersigned minor during all trips, activities, and events sponsored by First Baptist Church of Levelland.

We the undersigned, further agree to hold the aforementioned indemnities harmless and to indemnify the same from any liability whatsoever resulting from any decision they, in their discretion, shall make, or any accident, injury, damage, death, or misfortune which might occur to the undersigned minor in connection with any activity, trip, or event sponsored by the First Baptist Church of Levelland.

Further, we hereby appoint First Baptist Church of Levelland and/or Sam Griffin and/or any other adult sponsor to act in my/our place in the event said minor should require medical attention during any First Baptist Church sponsored event. This appointment is for the purpose of securing benefits for the health and welfare of said minor and expressly includes the authority to sign releases to physicians who may render medical care and services. We promise to assume liability for payment for all such professional services, and to reimburse First Baptist Church of Levelland for any expense that may be incurred for treatment, care, and other services for said minor.

If the undersigned minor's behavior is such that it endangers the welfare of others, First Baptist Church of Levelland or its adult sponsors have my/our permission to send said child home or to exercise such non-corporal discipline as they deem appropriate. If said child is sent home, I further agree to pay the transportation costs for the trip home.

First Baptist Church of Levelland is hereby authorized to take or permit photographs to be taken and video recordings to be made of said minor for use by First Baptist Church of Levelland in publications, newspapers, newsletters, its website, and/or on television for purposes of public relations for First Baptist Church of Levelland.

This agreement shall be construed according to and governed by the laws of the State of Texas. All of the sentences, phrases, and provisions of this agreement are distinct and severable, and if any clause, phrase, or sentence shall be deemed illegal, void, or unenforceable, it shall not affect the validity, legality, or enforce-ability of any other clause or portion of this agreement. It is expressly understood that any reference to "trip" contained herein includes not only travel time, but also all activities, functions, or periods of time for any duration between travel plus all periods of time when said minor is under the custody, control, or direction of said indemnities.

**WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY. This agreement was signed in Hockley County, Texas.**

Date: \_\_\_\_\_ Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian/Participant over 18 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MUST HAVE COMPLETED INFORMATION

Participant's Name: _____	Medical Insurance Company: _____
Home Address: _____	Insurance Policy Number: _____
Home Phone: _____	Insurance Co. Address: _____
Parent Cell Phone: _____	Insurance Co. Phone: _____

Person to contact in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Indicate date of last tetanus shot: \_\_\_\_\_

List any physical limitations (allergies, etc.). If none, please indicate: \_\_\_\_\_

List any medications taken regularly. If none, please indicate: \_\_\_\_\_

(Use back of this page if necessary)