

2020 MINOR PARTICIPANT MEDICAL, LIABILITY, AND PHOTO RELEASE

Participant Name: _____

Full Address: _____

Parent Name: _____ Phone# _____

Gender ____ Age ____ Grade Going into this fall ____ Email _____

Physician's Name: _____ Physician's Phone: _____

Allergies or health conditions we should be aware of:

Medical Insurance Company: _____

BIN # _____ Policy # _____

Group # _____

Insurance Company Phone: _____

I understand that my child (*Insert Child's Full Name*) _____ will be participating in *Jerome Christian Church's* events, outings and activities. I recognize that my child will have the opportunity to travel with the church, and grant my permission for my child to be included in their travels. I do not hold the church, church leaders, or church participants liable for unforeseen accidents to my child. In the event of any and all potential issues including but not limited to accident, sudden illness, or medical emergency involving my child, I hereby authorize the staff member and volunteers of Jerome Christian Church as adult persons into whose care the minor has been entrusted, to use their best judgment in the matter and hereby do consent to release my child into their care for the authorization of any medical treatment and/or hospital care as deemed necessary by a licensed physician.

I give permission for my child's image to be used on Jerome Christian Church's website and social media.

Additionally, I give full permission for my child to ride in vehicles, including but not limited to personal vehicles and church bus/van, driven by *Jerome Christian Church* leaders, staff, and affiliates.

Parent/Legal Conferee or Guardians Signature:

_____ Date: _____

Print Name: _____