RELEASE FORM



10715 Ooltewah Georgetown Road Georgetown TN 37336

Participating Minor's Name			
Minor's Birth Date	Sex Age	Last Grade Completed	dt
Parents/Guardian's Name(s)			
Address			
Email		Cell	x II o
Physician's Name		Phone	
Health Insurance Co. & Address			·
Policy or I.D. #	Grou	p #	
Insured Name			
Employer			
Health Problems/Special Needs			× .
Drug/Food Allergies			
Last Tetanus Shot	Activity Restriction		
Regular Medication			
PARENTS / GUARDIANS: Please read, sign I/We acknowledge that participation in the Meac guardians, if the participant is a minor), and may death, emotional injury, personal injury, property	n, and date the following: dowview Baptist Church activity invo result in various types of injury incl	olves risk to the participant (and to th	ne participant's parents or
In consideration for the opportunity to participat and accepts the risks of injury associated with pa accepts personal financial responsibility for any in as well as for any medical treatment rendered to er representatives (collectively referred to as the nify, defend, and hold harmless the activity spons from the activity, whether such injury arises out of	rticipation in and transportation to njury or other loss sustained during the participant that is authorized b "activity sponsor"). Further, the pasor for any injury arising directly or	and from the activity. The participar the activity or during transportation y the sponsor or its agents, employe articipant (or parent/guardian) releas indirectly out of the described activit	nt (or parent/guardian) to and from the activity, es, volunteers, or any oth- ses and promises to indem
If a dispute over this agreement or any claim for ally acceptable alternative dispute resolution pro process, the dispute will be submitted to a three-Association.	cess. If the participant (or parent/g	guardian) and the activity sponsor car	nnot agree upon such a
Parent / Guardian Signature		Da	te
Parent / Guardian Signature		Da	te

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10715 Ooltewah Georgetown Road Georgetown TN 37336

PARENTS / GUARDIANS: Please read, sign, and date the following:

Parental Consent and Release for Publishing or Showing Minor Child's Still or Moving Image

I understand that from time to time, pictures are taken during the activities at Meadowview Baptist Church, or under its direction, and then they are presented in various church-sponsored media. These include, but are not limited to: pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This form is to notify you that those meetings, events and activities (including worship and classroom settings) are considered public and they are videotaped and photographed and used in the above listed manner. Further, on occasion a child's image may be singled out and used as an identifiable image. In order for us to use an image of your child where they are not part of a larger group, we ask that you sign the waiver below to grant permission for us to use your child's image.

I hereby remise, release and forever discharge Meadowview Baptist Church, its agents and employees from any liability for any injury or action against the above-named minor resulting from the use of such pictures, video or other image in any medium utilized. This release includes that Meadowview Baptist Church will not be responsible for other user's reproduction, display, distribution of modification of the minor's images in any manner, nor will Meadowview Baptist Church be responsible for defamation, misrepresentation, criminal acts by any unauthorized use of Meadowview Baptist Church images by third parties.

I hereby release to Meadowview Baptist Church all right to copyright this work and or exhibit this work in print or electronic form publicly or privately. I also permit them to market and sell copies as necessary. I waive any rights, claims or interest that I or my child may have concerning these images. I understand that I will not be compensated in any way for the use of my child's photograph, whether it is a still or moving image. You have my permission to use my child's image in the media types listed above, as well as any new media formats that are developed in the future. I am at least 18 years of age, I understand the above statement and I am competent to execute this agreement.

Yes, I give my permission.	
No, I do not give my permission.	
Parent / Guardian Signature	Date
Parent / Guardian Signature	Date