

MEDICAL AND PHOTO RELEASE FORM

Name of Participant: _____

Gender: _____ Age: _____ Date of Birth: ___/___/_____

Mailing Address: _____

City, State: _____ Zip: _____

Participant's Cell: _____ Parent/Guardian Cell: _____

I, the undersigned, do hereby give permission for Participant, _____, to attend and participate in all youth ministry activities sponsored by the Boerne Church of Christ in the year of 2023.

I authorize adult sponsors of Boerne Church of Christ, in whose care Participant has been entrusted, to consent to any examination, X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care which is rendered necessary, in regards to the livelihood or threat of death, for Participant. In the event of any incident, I do also acknowledge that it is the responsibility of a representative from Boerne Church of Christ (minister, member, elder, adult sponsor, staff member, deacon) to notify me of said incident and medical care in a timely manner. I also acknowledge that said representative will attempt to contact me in regards to any medical decisions on Participant, listed above, as time permits, barring any threat to livelihood or threat of death. Further, as Participant or parent/guardian of Participant named above, I do hereby expressly consent that emergency medical treatment may be rendered from any physician, hospital, or other medical center without necessity of first notifying me or my insurance provider, in regards to any threat to livelihood or threat of death. I also do hereby assume all inherent risks and any other ordinary risks incidental to the nature of these activities, which are not specifically foreseeable. I, the undersigned, agree to hold the Boerne Church of Christ harmless and without liability.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant pursuant to this authorization.

_____/_____/____ Date
Signature of Parent/Guardian Participant's Signature

Participant's Physician: _____

Medical Insurance? ___ No ___ Yes

Insurance Company: _____ Policy Number: _____

~Any allergies? (drug, food, environmental) ___ No ___ Yes

List: _____

~Taking prescription medication(s)? ___ No ___ Yes

List: _____

Medications must be brought in the original bottle with prescription label and given to the medical personnel in attendance for supervised administration.

EMERGENCY CONTACT #1:	EMERGENCY CONTACT #2:
Primary Phone #: (____) ____ - _____	Primary Phone #: (____) ____ - _____
Alternate Phone #: (____) ____ - _____	Alternate Phone #: (____) ____ - _____
Address:	Address:
Relation to Participant:	Relation to Participant:

I, as the Participant or Parent(s)/Guardian(s) listed on the above form, do hereby release all rights and privileges of the use of Participant's photograph, visual, and audio presence in media form, only for said Participant listed on above form, to the Boerne Church of Christ in the form of any photograph or video taken by staff or volunteer Church members, as well as paid professional photography/media companies. All photographs/videos/other media are deemed property of the Boerne Church of Christ and will be used for the sole purposes of the Boerne Church of Christ's social media advertising, social media posts, public website, and any other internet or media/social media outlets deemed necessary by Church staff and leadership. I hereby waive any right to inspect or approve: (a) the finished media, (b) any printed matter that may be used in conjunction with the media, or (c) the eventual use to which the media may be applied.

Signature of Participant or Parent/Guardian if under 18