



nansemondriver.com

NANSEMOND RIVER BAPTIST CHURCH RELEASE FORM

NAME: _____

PARENT/GUARDIAN: _____

PHONE: _____ **CELL PHONE:** _____

EVENT: _____

DATES: _____

I agree to release Nansemond River Baptist Church from all liability claims from any personal injury, physical and mental pain and suffering, mental disorders, property loss or property damage which may occur while on above events.

MEDICAL AUTHORIZATION

I further authorize the adult counselors to treat and to authorize reasonable and necessary medical care for the above named youth. This includes, but is not limited to any emergency, surgical procedure or hospitalization if the same should become necessary wheresoever my child may be located.

This permission is given for, and in consideration of, Nansemond River Baptist Church sponsoring the event and permitting my child to participate.

Signed: _____

Please complete the following information:

In case of emergency, please contact: _____

Day Phone: _____ **Night Phone:** _____

Insurance Company Name: _____

Policy Holder: _____ **Policy Number:** _____

Primary Care Physician _____ **Phone Number** _____

Known Allergies: _____

Special Medications: _____

Please specify instructions _____

Other Needed Information: _____

PHOTO/VIDEO RELEASE

I understand that my child may be photographed or videotaped while participating in the above activities, and these photos/videos may be used in promotional materials.

Signed: _____