



Westside Baptist Church
Medical Release/Liability Waiver
Valid January 1—December 31, 2015



What church are you with? _____

Name _____ DOB _____

Address _____ Phone _____

Sex: M [] F [] Church Member? Yes [] No [] If yes, where _____

Please list any restrictions here: (i.e. swimming, sports, etc.) _____

In case of emergency, notify:

1. _____ Phone #: _____

2. _____ Phone #: _____

Doctor: _____ Phone #: _____

Do you have Health Insurance? Yes [] No [] Policy number: _____

If yes, please give name: _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information:

I (we) hereby give permission to the above named minor child to participate in the Westside Baptist Church Ministry. In my capacity as parent/guardian, I hereby waive any right I, or said minor child may have to take any legal action against Westside Baptist Church, or any of its employees, as a result of any and all injuries, damages or losses sustained by the above mentioned minor while participating in the Westside Baptist Church Preschool/Children/Student Ministries or related activities or excursions. I further agree to hold Westside Baptist Church and any of their employees harmless and bear the cost of legal defense if any suit or legal or equitable action is brought against any of them as a result of any and all injuries, damages or losses suffered by the above mentioned minor while participating in Preschool/Children/Student Ministries or in any and all activities or trips related to it.

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor bearing this document to act in lieu of parents, as provided by Florida code to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Finally, I hereby irrevocably consent to and authorize Westside Baptist Church to use and reproduce any and all photographs and videos taken of my student for any purpose whatsoever, without further compensation to me. All such photographs and videos, including negatives and the like are solely the property of Westside Baptist Church.

(Parent/Guardian Signature)

(Date)

STATE OF FLORIDA
COUNTY OF _____
The foregoing instrument was acknowledged before me this _____ day of _____ 2015
by _____
[] PERSONALLY KNOWN TO ME
[] PRODUCED AS IDENTIFICATION
Type of identification

AFFIX
NOTARY SEAL
Signature of Notary Public,
State of Florida at Large