

**PARENTAL WAIVER/MEDICAL RELEASE FORM AUGUST 2019-JULY 2020**

As consideration for Calvary Bible Church of Huntsville, Alabama, permitting my child \_\_\_\_\_, (child’s first and last name) to participate in its programs, I hereby release Calvary Bible Church, its ministers, administrators, and volunteer workers from any liability or claims which may arise related to my child’s participation in programs or trips sponsored by Calvary Bible Church. I hereby agree that I will not assert any claim against Calvary Bible Church, its ministers, administrators, or volunteer workers for any injuries incurred by my child related to programs or trips sponsored by Calvary Bible Church.

**In case of an emergency, all efforts will be made to contact the individuals listed below. In the event that the leaders are unable to reach these individuals, I, \_\_\_\_\_ (name of parent or guardian), give my permission to the counselor in charge at Calvary Bible Church to secure proper medical attention for my child \_\_\_\_\_ (name of child).**

*In case of an emergency, please notify the following (please list two people we may contact):*

**Parent or Guardian name:** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child’s Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Insurance Co. Phone \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Child’s Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any special medical information (allergies, injuries, limitations)  
(Use reverse side if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child taking any medication regularly? \_\_\_\_\_  
\_\_\_\_\_

*Children up to age 12 will be held in their club rooms until a designated adult picks them up. Please list those individuals, with phone numbers and their relationship to your child, to whom we can release your child. They will be released to no other without written consent from parent or guardian.*

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Media Release**

I understand that at this event or related activities, my child may be photographed. I agree to allow my child’s photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. When an identification of a child is made, only the first name of the child may be used along with the name of the church.

\_\_\_\_\_ Parent Initials