

Is there medical or hospitalization insurance which provides benefits for this child? _____ If so, please indicate:

Name of Insurance Co _____

Policy No. of Insurance Policy _____

Name of Policy Holder _____

Phone No. of Insurance Co. _____

I understand that, in the event my child requires medical or dental treatment while engaged in the Activities, reasonable efforts will be made to contact me. By signing below, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me in the event that I cannot be reached, to consent to any X-ray examination; injections; anesthesia, medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems, and other pertinent information. My child has permission to participate in all prescribed activities, except as noted by me.

By signing below, I acknowledge and accept the risks of physical injury associated with participation in the Activities. Except for gross negligence on the part of WALNUT RIDGE BAPTIST CHURCH, I accept personal financial responsibility for any bodily or personal injury sustained during the Activities.

I do hereby agree to hold WALNUT RIDGE BAPTIST CHURCH and its agents and employees harmless from any and all liability action, causes of actions claims, expenses, and damages.

Your child's image/photograph taken during activities may be used in one of the following ways: posted in the church and/or on websites, appear on videotape, or in broadcasts, used in a printed publication such as a newspaper, magazine, promotional material, etc, other sources as decided upon by Walnut Ridge Baptist Church. I understand that I will receive no monetary compensation for the use of the photos. I hereby release these photos and grant WALNUT RIDGE BAPTIST CHURCH approval to publicize photos of my child without any prior notification.

Child's Name _____ Parent's Name (printed) _____

Parent Signature _____ Date _____