

# Release Form

Grape Creek Baptist Church  
9781 Grape Creek Road – San Angelo, TX 76901 – 325.653.8761

Both sides of this form must be completed on all persons under 25 years of age.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

The undersigned, as parent or guardian of the person listed below, hereby authorizes any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by Grape Creek Baptist Church, to authorize emergency medical treatment for the person listed above while this person is participating in any trip, excursion or activity sponsored by Grape Creek Baptist Church.

I agree to allow any staff member, sponsor, or other designated party selected by Grape Creek Baptist Church to transport my child by means of church-owned, contracted (rented), or personal vehicle. Furthermore, I release Grape Creek Baptist Church, its staff and sponsors from any liability for personal injury, damage or loss that the above named person may sustain while participating in, or being transported to, any activity sponsored by Grape Creek Baptist Church, even if such personal injury or other loss is caused by the ordinary negligence of Grape Creek Baptist Church, staff members or designated sponsors.

I agree to allow the staff and sponsors selected by Grape Creek Baptist Church to discipline my child during any activities if, in the sole judgment of such staff sponsor or other designated sponsor, such discipline is necessary. If any staff sponsor or other designated sponsor deems it necessary for my child to return from any trip due to illness, injury, or misconduct, I agree to be responsible for all costs associated with such a return trip.

### Media Release

I agree to allow Grape Creek Baptist Church to use photographs and video recordings of students for promotional and other purposes. Distribution of footage may be through pictures/videos posted on the internet, in print or on other forms of publication. Please initial one of the following:

I DO GIVE PERMISSION to use footage of my student (please initial) \_\_\_\_\_

I DO NOT GIVE PERMISSION to use footage of my student (please initial) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian(s) Names \_\_\_\_\_

Parent/Guardian Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian Phone: Cell \_\_\_\_\_

Revised 6/12

# Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Medical/Release Form is valid for one year to date of Parent/Guardian signature and is valid for all Grape Creek Baptist Church sponsored activities. If any of the information you have provided should change before this date, please complete a new form and return it to the church office.

Parent/Guardian \_\_\_\_\_

Policy carried under what name \_\_\_\_\_

Parent/Guardian Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_  
City State Zip

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
City State Zip

Insurance Company Phone \_\_\_\_\_

Member/Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Please explain any medical problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication being taken and what is being taken for:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication that would cause an allergic reaction:  
\_\_\_\_\_  
\_\_\_\_\_

Date of tetanus shot \_\_\_\_\_

Revised 6/12