

MEDICAL AND PHOTO RELEASE FORM
Children's & Student Ministry, Tallowood Baptist Church 555
Tallowood Drive, Houston, Texas 77024
(713) 468-8241

I hereby give my permission for _____

(Child's Name)

to take part in various church-sponsored trips, outings and camps. I further give my permission for the church representatives or sponsors of the trips or activities to secure needed medical treatment in the event that I cannot be reached for such permission. I release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that in the event that the above-named son/daughter be involved in activities that violate or compromise the rules, policies, or purposes of Tallowood Baptist Church, I will pay and accept full responsibility for release of my child to my custody and care.

In addition, I give permission for Tallowood Baptist Church to use photographs of children and families in our various publications and Tallowood Web site. The purpose of displaying this information, electronically or otherwise, is to share with others the activities and programs of our church. If the publication is for wide use outside the Tallowood congregation no form of identification will be used.

Home Address _____

City/State/Zip _____ Child's Date of Birth _____

In case of emergency, please contact:

Parent or Guardian _____ Phone No. _____

Doctor _____ Phone No. _____

Friend or Relative _____ Phone No. _____

List known food/drug allergies: _____

Medication taken regularly: _____

Date of last tetanus shot: _____

Swimming: please circle one - My child/youth is a: Non-swimmer Fair swimmer Good Swimmer

Insurance Company: _____

Policy Number or Group Number: _____

I have read and understand this Medical Release Form and Waiver represent that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of Tallowood Baptist Church Children's and Student Ministry.

Unless terminated in writing, this release shall be effective for two (2) years from the date signed.

Do not proceed to next section unless in the presence of a notary public.

Signature _____ Parent (Managing Conservator) or Guardian

Before me, the undersigned authority, on this day personally appeared _____ known to be the person(s) whose name(s) is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____.

seal

Notary Public in and for _____

County, Texas

My Commission Expires _____