## 2018 NORTHVIEW BAPTIST CHURCH MEDICAL / ACTIVITY RELEASE

has my permission to engage in prescribed activities, accept as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to ensure the well being of the above named participant, due to sickness or accident while attending activities of Northview Baptist Church, or in route to or from other church sponsored activities. I also authorize adult sponsors to transport my child at their discretion in the case of an emergency.

We represent to you that we and the participant hold Northview Baptist Church, its agents, employees and representative harmless from all liability arising from the conduct of the participant and agree to defend and indemnify Northview Baptist Church, its agents, employees and representatives against any claim or liability arising as a result of such conduct.

Media Consent: I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Northview Baptist Church. Northview, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

| Parent Signature                | Parent Printed Name   |                   | Date                 |      |
|---------------------------------|-----------------------|-------------------|----------------------|------|
| Name of Child                   | Name of Church        |                   |                      |      |
| DOB Age Sex                     | _ School Grade        | Scho              | ol                   |      |
| Address                         | City                  |                   |                      | Zip  |
| Phones: Home                    | Cell                  | Other             |                      |      |
| Parent/Guardian's Name          | Relationship to Child |                   |                      |      |
| Work Phone (His)                | Wo                    | ork Phone (He     | rs)                  |      |
| Parent Email Address(s) (His) _ |                       | (H                | ers)                 |      |
| Other Emergency Name            | Phone                 |                   |                      |      |
| Health Insurance Company        | Phone                 |                   |                      |      |
| Group                           | Number:               |                   | Other Info           |      |
| Family Physician                |                       | _Phone            | City                 |      |
| List any medical concerns here  |                       |                   |                      |      |
| Circle medications NBC staff m  | ay administer: T      | 'ylenol Ibuprofen | Benadryl Antacid Otl | ner: |
| I am a guest of:                |                       |                   |                      |      |