

**FIRST BAPTIST SNELLVILLE**  
**Medical and Photo Release Form**  
**For All Activities/Events**

**EVENT** \_\_\_\_\_  
Participant's Name \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell # \_\_\_\_\_ Home # \_\_\_\_\_ **EMERGENCY #** \_\_\_\_\_

**Please supply ALL of the following information. It is in your best interest not to omit any information.**

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Conditions (asthma, diabetes, etc.) \_\_\_\_\_

Allergies \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Operations/serious injuries in the past 5 years \_\_\_\_\_  
**Emergency Contact** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**MEDICAL RELEASE:** I hereby consent to my participation or my child's participation in the above event and other events or scheduled activities either at or sponsored by First Baptist Snellville ("FBCS") and agree to assume all of the risks related to such participation. I understand that participation in athletic activities sponsored by FBCS involves the risk of injury.

I authorize a representative of FBCS to contact medical personnel in case of a medical emergency involving me and/or my child. I hereby give permission to medical personnel to perform x-rays, tests, or perform or provide other medical treatment deemed necessary or desirable for my care or my child's care. I give permission for administration of medication, injections and/or anesthesia and/or surgery if deemed necessary or desirable by medical personnel for my care or my child's care. I also authorize the release of the above information to assist with their decisions for my care or my child's care.

I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents, and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury or associated medical care administered to me or my child during and/or relating to or arising out of participation in this event or other events and activities either at or sponsored by FBCS.

**PHOTO RELEASE:** I give permission for myself and/or my child to be photographed or videoed during the above event and other events and activities either at or sponsored by FBCS. I also grant FBCS permission to publish and/or share my/the child's name, picture, portrait and/or photograph in all forms and media and in all manners, for display, publication, advertising, promotions, websites and any other lawful purposes, taken of children & adults during this event, on FBCS web site and/or other FBCS publications/media. I waive any right that I may have to inspect and/or approve the finished product(s) and I release, hold harmless, and covenant not to sue, First Baptist Snellville, its agents and employees from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to me and/or my child related to the publication and/or sharing of the name, picture, portrait and /or photograph.

I have carefully read and I understand the forgoing release. I have the full right and power to enter into this release and I sign this release on my own free act. I understand that this is a legally binding agreement upon both me and (if applicable) my child.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
(18 years or older)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(**required** for participant under the age of 18 years)