

TRAVEL RELEASE/AUTHORIZATION FOR MEDICAL TREATMENT/PHOTO AUTHORIZATION

First Baptist Church of Palestine, Texas
5700 N. Loop 256
Palestine, Texas 75802
(903-729-0204)

This form must be signed and notarized.

TO BE COMPLETED BY ALL PARTICIPANTS IN CHURCH SPONSORED TRIP OR FUNCTION.

1. PARTICIPANT INFORMATION:

A. Name: _____
Last First Middle

Residence: _____
Street City/State Zip

Phone: _____ Birth date: _____ / _____ / _____

Email: _____ Social Security #: _____ - _____ - _____

School Attending: _____ School Grade Level: _____

B. Is Participant SEVENTEEN YEARS OF AGE OR YOUNGER? Yes No

C. Please provide the following information concerning the person or persons to be contacted in case of emergency. **If Participant is SEVENTEEN YEARS OF AGE OR YOUNGER**, please list in the space provided below, the names, addresses, etc. of the parents or all court appointed guardians, custodians, managing or possessory conservator of the Participant:

_____ <i>(Name: Person to be contacted in case of emergency)</i>	_____ <i>(Name: Person to be contacted in case of emergency)</i>
Relationship to Participant: _____ Cell Phone: _____ Home address and Phone Number if different than Participant: _____	Relationship to Participant: _____ Cell Phone: _____ Home address and Phone Number if different than Participant: _____
Other Phone #: _____	Other Phone #: _____

D. MEDICAL INFORMATION:

(1) List any physical condition or allergy which affects medical treatment and any medication being taken by participant: _____

(2) Medical insurance coverage of Participant:
Insurance Company: _____

ID #: Policy _____ Group _____ Phone: _____

Address: _____

Name of Principal Insured: _____

Principal Group Name/Employer: _____

2. CHURCH SPONSORED TRIP OR FUNCTION: This "Travel Release/Authorization for Medical Treatment" covers

See Reverse

prescribed out-of-town trips and in-town functions to occur off the Church premises, which are hereinafter collectively referred to as a "Church Trip" or "Trip".

3. PERMISSION TO PARTICIPATE/MEDICAL AUTHORIZATION/RELEASE OF LIABILITY:

- A. I/we, the above mentioned parents, guardians, custodians, or conservators who have/has present care, custody and control of the Participant who is SEVENTEEN YEARS OF AGE OR YOUNGER, hereby give(s) permission for the Participant to participate in the Church Trip(s) described in paragraph 2 of this document. Further, permission is hereby given for the Participant to participate in all activities while on such Trip(s), including but not limited to those activities specifically listed under the Trip description.
- B. In the event of an emergency necessitating medical treatment of the participant, consent is hereby given authorizing any representative or staff member of the First Baptist Church of Palestine, Texas or any adult sponsor of such trip, to consent to such medical treatment. Further, any Physician is hereby given the right, having received either written or oral consent to medical treatment of the Participant by such person or persons, to make such decisions and to perform such medical treatment and/or perform surgery upon the Participant, which may in the Physician's discretion be necessary and proper under the circumstances as if I/We represent and had given such consent.
- C. I/We agree that the person or persons signing this document shall be responsible for all financial obligations incurred for medical treatment provided to the Participant, and shall indemnify and reimburse First Baptist Church of Palestine, Texas its representatives, staff, and/or trip sponsors from any costs incurred from such treatment.
- D. I/We, the undersigned, do hereby release, acquit, discharge and covenant to hold harmless First Baptist Church of Palestine, Texas, its representatives, staff members trip sponsors, and parents taking personal vehicles from any and all actions, causes of actions, damages, or liabilities arising out of any illness of or injury to the Participant occurring during participation in a Church Trip and from the treatment of such illness or injury.
- E.

4. AUTHORIZATION FOR USE OF PHOTOGRAPHS:

- A. I DO consent to the use of images of my child on the internet or social media platforms. **INITIAL HERE:** _____
- OR
- B. I DO NOT consent to the use of images of my child on the internet or social media platforms. **INITIAL HERE:** _____

I HAVE READ THIS "TRAVEL RELEASE/AUTHORIZATION FOR MEDICAL TREATMENT/PHOTO AUTHORIZATION," AGREE TO THE TERMS OF THIS DOCUMENT AND AGREE THAT I AM SIGNING IT ON MY BEHALF AND ON THE BEHALF OF THE ABOVE NAMED PARTICIPANT.

Dated: _____

(Signature of legal guardian and represents informed consent of all parents and/or legal guardians)

(Signature of legal guardian if more than one parent is necessary)

(Signature of participant if OVER the age of 17)

THE STATE OF TEXAS COUNTY OF ANDERSON

This instrument was acknowledged before me this _____ day of _____, 20_____, by

_____.

Notary Public, State of Texas

My Commission Expires: _____

Notary's Printed Name: _____