

Wallace Students Release Form 2020



Student Profile:

Student Name: _____
Date of Birth: ___/___/___ Age: ___ School: _____ Grade: ___
Address: _____ City: _____ ST ___ Zip _____
In case of emergency, notify: _____ Relationship to student: _____
Phone Numbers: Student - Home/Mobile (____) _____
Parent - Mobile (____) _____ Parent E-mail _____

Medical Profile:

Generally, the student's health is (Check One) ___ Excellent ___ Good ___ Fair ___ Poor
If Fair or Poor, please explain the condition: _____
List any medical difficulties which are currently being treated: _____
List any medicines or substances to which you are allergic: _____
List any current medications: _____
List any special diets or special needs: _____
Date of Tetanus Immunization: ___/___/___
Family Physician _____ Phone: (____) _____
Insurance Company: _____ Policy #: _____
Subscriber Name: _____ Subscriber # _____ Employer: _____
Subscriber Occupation: _____ Work Phone: (____) _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for any church official, event staffer, or adult leader present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my student during Wallace Student Ministry events. Also, I understand that as a Participant, I or my student may be photographed or videotaped during normal event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Wallace Memorial Baptist Church and its sponsors and employees ("Released Parties") from any and all claims, costs, demands, actions, or causes of action, past, present, or future, arising from my/my student's participation in any event sponsored by Wallace Student Ministry. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present or future, arising out of or caused by myself or by my student while participating in any event of Wallace Student Ministry, or while on property, leased or owned, by any Released Party. Understanding, I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining portions shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/arbitration organization for binding resolution. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original.

Complete and sign below.

Date: ___/___/___
Parent/Guardian Signature: _____ Phone: (____) _____

Date: ___/___/___
Notary Acknowledgement: State of _____ County of _____. On _____
before me, _____, Notary Public, personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to
herein and acknowledged to me that he/she executed the same in his/her signature on the
instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true
and correct.
WITNESS my hand and official seal.
Notary Signature: _____ My commission expires: _____