



## Photo Release & Transportation Agreement

I \_\_\_\_\_ give permission to First Presbyterian Church to take photographs, video, and audio recordings of my child in context of my child's participation in the church's ministry. I understand that these recordings and photographs will be used only in programs, printed materials, internet, or other legal purposes of First Presbyterian Church.

First Presbyterian Church also has my permission to transport my child on planned local trips away from campus and out of town trips. I understand that all precautions will be taken to ensure the safety and health of my child. In signing this I acknowledge that I will not hold the church, its chaperones, or its drivers responsible in the event of an accident. I know that all drivers will have a background check & have been trained.

## Medical Release Information

I \_\_\_\_\_, the parent of \_\_\_\_\_ (if under age 18) or;

I, \_\_\_\_\_ (if 18 or older) hereby willingly consent to participation in First Presbyterian trips/activities. In the event of injury or illness requiring URGENT medical attention while attending events, I consent to reasonable emergency medical treatment as deemed necessary. This consent includes permission granted to the adult supervisors and leaders of First Presbyterian Church to make decisions regarding administration of first aid or medications when required for injury or illness. In the event that a parent/guardian cannot be reached to obtain consent requested for specific treatment of a minor child by medical professionals, or in the event that a program participant who is 18 years of age or older cannot give consent due to incapacitating illness or injury, I hereby authorize the adult supervisors and leaders of First Presbyterian Church program to give such consent.

In the event it becomes necessary for a First Presbyterian Church leader to give consent for me, I agree to hold such person free and harmless of any responsibility for the cost of any medical care should the cost of that medical care not be reimbursed by health insurance. claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by health insurance.

Health Insurance Company \_\_\_\_\_

Policy or Group # \_\_\_\_\_ Policy Holder's employer \_\_\_\_\_

Full Name of Policy Holder \_\_\_\_\_ Policy Holder Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_  
\_\_\_\_\_

### Participant Information:

Current medications \_\_\_\_\_

Allergies \_\_\_\_\_

List any significant past or present medical concerns (example: asthma, diabetes, etc.) \_\_\_\_\_  
\_\_\_\_\_

List any dietary restrictions \_\_\_\_\_

Date (month/year) of most recent Tetanus shot \_\_\_\_\_

### Liability Release Form

I/We understand that there are inherent risks involved in any trip or activity, and I/we hereby release First Presbyterian Church, its staff and volunteer workers from any and all liability due to injury, loss, or damage to person or property that may occur during the course of my/our involvement with these trips or activities.

**By signing below you are accepting all of the medical, liability, photo & transportation releases above.**

\_\_\_\_\_  
PARENT/GUARDIAN Printed name

\_\_\_\_\_  
PARENT/GUARDIAN Signature

\_\_\_\_\_  
Date