

**FBC Marble Falls
Marble Falls, Texas
Student Ministry 2018/19**

Student Name: _____

Permission for medical treatment, photography/video notice/ and release and indemnity:

My permission is granted for the church official and/or event coordinator and/or event staffer and/or adult chaperone in charge of first aide to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant my child may be photographed or videotaped during the event and these photos/videos may be used in church publications.

I, the undersigned, do hereby release and forever discharge FBC Marble Falls from any and all claims, demands, actions, or causes of action, past, present, or future rising out of any damage or injury while participating in this event. I agree to indemnify FBC Marble Falls for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, and future, arising out of or caused by my child while participating in this event.

Parent/Legal guardian signature _____

Date: _____

Emergency Contact Information:

Mother's Name _____ best contact # _____

Father's Name _____ best contact # _____

Another Emergency Contact _____

Relationship _____ best contact # _____

Name of physician/insurance company _____

Complete Address _____

Phone _____

Please list below any allergies, medications, or medical problems: