

**Heritage Baptist Church Release Form**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Emergency Phone: \_\_\_\_\_

**Permission to Travel / Event Information**

Program or Activity (name/description) \_\_\_\_\_

Event Location \_\_\_\_\_

Event Date(s) \_\_\_\_\_

As a parent or guardian, I give my permission for (name) \_\_\_\_\_  
to travel and participate in the event and location detailed above. If I have any concerns or special  
requests regarding transportation of my child, I will list them in the space provided below.

Concerns / Requests \_\_\_\_\_

**Insurance Information**

I understand that Heritage Baptist Church does not provide primary or major medical insurance coverage for losses, sickness, or injuries that may occur to me (or my child) while participating in this trip/event. I am responsible for providing my own (or my child's) insurance coverage. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expense should emergency transportation back home be necessary. As for medical insurance, I have the following coverage:

Insurance Company: \_\_\_\_\_ Policy and/or group plan # \_\_\_\_\_

Address: \_\_\_\_\_

ID # of the Insured: \_\_\_\_\_ The participant is \_\_\_ the insured \_\_\_ a dependant of the insured.

Printed name of the insured: \_\_\_\_\_

**Media Consent**

I consent to and approve the use of video and photographs of my child for ministry purposes by Heritage Baptist Church of Missouri City, Texas, with the understanding that such media use will not be identified with my child's name. I grant to Heritage Baptist Church the perpetual rights to use and re-use photographs for printed and/or electronic formats including but not limited to brochures, newsletters, and website material.

**Release of Liability / Medical Consent**

I am aware of the potential risks to myself and my property (or my child and his/her property) as I (or he/she) participate in the Heritage Baptist Church program. With such knowledge, I voluntarily release Heritage Baptist Church, their representatives and employees from any and all liability related to the transportation to and activities of this program.

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

Signature of participant (and parent/guardian if under legal age):

X \_\_\_\_\_ X \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_ Initial if self signed only: \_\_\_\_\_