

# Brookwood Student Ministry

## MEDICAL & PHOTO RELEASE FORM

PLEASE PRINT IN INK Today's Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (circle): Male / Female

Email Address \_\_\_\_\_ @ \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
(#) (street) (apt #) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Student's Cell \_\_\_\_\_

Parent/Guardian1 Name \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian2 Name \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Email Address \_\_\_\_\_

Other Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Medical or other information we may need to know (allergies, special needs, etc): \_\_\_\_\_

**Liability Release:** By registering for this event the Legal Guardian has given consent for the registered child to attend this event at Brookwood Church. I/We understand that there are inherent risks involved in any ministry or athletic event. I/we release Brookwood Church, pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of this event.

In the event that he/she is injured and requires medical attention, I/we authorize Brookwood Church to obtain medical treatment for the child and the Emergency Contact on this form will be called.

**Photo Release:** By registering for this event I agree that as a participant of this event, my child may be photographed and/or videotaped during normal activities and that the photographs or video may be used in promotional material for Brookwood Church.

Parent/Guardian signature: \_\_\_\_\_



**BROOKWOOD**church