

**NOTARIZED MEDICAL RELEASE FORM**  
**AND PHOTO / VIDEO WAIVER**

*(Must be signed in presence of notary)*

**INDIAN SPRINGS BAPTIST CHURCH**  
**325 Hill Road Kingsport, TN 37664**

NAME \_\_\_\_\_ Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Current Grade \_\_\_\_\_ Sex:  Male  Female  
Home Phone Number \_\_\_\_\_ Cell Phone Number (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_  
Work Place Name (Dad) \_\_\_\_\_ Phone # \_\_\_\_\_ (Mom) \_\_\_\_\_ Phone # \_\_\_\_\_  
Parents or Guardian's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In the event of an emergency, give the name and phone # of friends or relatives we can contact who will know how to reach the parents or guardian.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List known food/drug or other allergies: \_\_\_\_\_

IMMUNIZATIONS:  Tetanus  Polio Booster  Measles  Mumps

List medications taken regularly \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Previous operations, surgeries, or serious illnesses (list year) \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

SWIMMING: My child is  Non-swimmer  Fair swimmer  Good swimmer

Any other special instructions regarding student: \_\_\_\_\_

**Parent / Guardian Permission and Waiver**

*I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, camps, and events of Indian Springs Baptist Church of Kingsport, Tennessee. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter/child under my guardianship. I release the church, representatives and/or sponsors from liability for accident or injuries sustained on these trips or activities.*

*I further understand and agree that in the event that the above named son/daughter/child under my guardianship is involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.*

*Furthermore, I hereby grant Indian Springs Baptist Church the absolute right and permission to copyright and/or publish images captured through video, photo, or digital camera, of which I or my minor child may be included in whole or part, for news release, art, advertising, trade, or any other lawful purpose whatsoever.*

*I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.*

*I hereby release, discharge, and agree to save Indian Springs Baptist Church from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composition form, whether intentional or otherwise, that may occur or be produced in the making of said images, or in any processing tending towards the completion of the finished product.*

***I have supplied, understood, and agree to all the information contained on the Medical Release Form.***

Parent/Guardian Signature \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_. Printed Notary Name \_\_\_\_\_

Notary Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_

*This Medical Release & Photo / Video Waiver is valid for the calendar year in which it is signed.*