

PRESTONWOOD BAPTIST CHURCH
STUDENT WORSHIP MINISTRY/
380 STUDENT WORSHIP MINISTRY

Adult Sponsor Release and Hold Harmless Agreement/Image Waiver
for September 1, 2010 – August 31, 2011

My name is _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge PRESTONWOOD BAPTIST CHURCH, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by myself while participating in any activity, or activities, including travel to and from such activities and any negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of PRESTONWOOD BAPTIST CHURCH. By signing this agreement, I give my permission to receive medical attention in the event of an emergency. It is my responsibility to provide current and correct insurance information to the Student Music and Student Ministry offices and my responsibility to update such information should it change within the year.

Date: _____
Signature _____

Medical Insurance Policy #: _____
Policy issued under name of: _____

IF MY INSURANCE **CHANGES** AT ANY TIME DURING THE YEAR, I UNDERSTAND IT IS **MY RESPONSIBILITY** TO NOTIFY EITHER THE PLANO OR NORTH CAMPUS STUDENT WORSHIP MINISTRY OFFICE.

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

I hereby allow photographs and video of my participation in the Prestonwood Student Worship Ministry or 380 Student Worship events to be published via print, video, or website which are affiliated with Prestonwood Baptist Church. I understand that publication may be accomplished electronically via the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the Church from the un-consented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

SIGNATURE: _____

Printed Name _____

Date: _____

PRESTONWOOD BAPTIST CHURCH

SPONSOR MEDICAL INFORMATION AND HISTORY FORM

After competing form, please sign and date at the bottom.

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____
Street City State ZIP

HOME PHONE: _____ Please Circle: Male Female

EMERGENCY CONTACT: _____ PHONE# _____ or _____

MEDICAL INSURANCE? _____ POLICY #: _____

INSURANCE COMPANY NAME: _____

List date of last immunization: DPT: _____ Tetanus: _____

MMR: _____ Polio: _____

Check if you have had: Chicken Pox Whooping Cough
 Measles Other
 Mumps

Please list any allergies: Foods _____ Insects _____

Medicines _____

Previous Serious Illnesses: _____

Current medications and dosages: _____

Special Dietary Issues: _____

Other: _____

SIGNATURE: _____

Printed Name: _____

Date: _____