

DESTINY CHURCH NAPLES CONSENT RELEASE FORM

Participant Name _____
LAST FIRST MIDDLE INITIAL

Birthday ____/____/____ Age ____ Sex ____

Home Address _____

STREET ADDRESS / CITY / STATE, ZIP

Phone () _____ Cell Phone () _____

EMERGENCY CONTACT

Name (Last, First) _____

Relationship to Participant: _____ Phone () _____

MEDICAL INFORMATION

Allergies/ Current Medications _____

Name of Physician _____ Phone () _____

Address _____

Insurance Company _____

Policy # / Group # _____

Insurance Address _____

Release of Liability:

In consideration of being accepted by DESTINY CHURCH NAPLES for participation IN ANY EVENTS FOR A YEAR FROM DATE OF THIS FORM we (I), being 18 years of age or older do for ourselves (myself, and for and on behalf of my child - participant) do hereby release, forever discharge, and agree to hold harmless DESTINY CHURCH NAPLES, their employees and the Board thereof from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child - participant that occurred while said child is participating in any activity. Furthermore, we (I) and on behalf of our (my) child-participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Furthermore, authorization and permission are hereby given to the said church to furnish any necessary transportation, food, and lodging for this child/participant. The undersigned further hereby agrees to hold harmless and indemnify said church, its Board, employees, and agents for any liability sustained by such church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Parent/Guardian Initial: _____

Authorization for Treatment:

We (I) are the parent(s) / legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said event and hereby give our (my) permission to said participant to receive medical treatment as necessary. I hereby authorize my child to be treated by a doctor or hospital, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

Parent/Guardian Initial: _____

Talent Release:

By signing this release form, I authorize DESTINY CHURCH NAPLES to use the following personal information.

(1) My picture – including photographic, motion picture, and electronic (video) images. (2) My voice – including sound and video recordings. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer-generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

Parent/Guardian Initial: _____

Name of Parent/Guardian/Self (PRINT)

Signature _____

Date _____