

**SHORELINE'S CHILDREN MINISTRIES
MEDICAL/PHOTO/INDEMNITY RELEASE FORM 2017**

Participant Name _____ Date of Birth _____/_____/_____

Address _____ City _____

State _____ ZIP _____

In case of an emergency notify: _____

Phone Numbers - Home:(_____)_____ Work:(_____)_____ Mobile:(_____)_____

PERMISSION FOR EMERGENCY MEDICAL OR DENTAL TREATMENT:

I hereby authorize the representatives of Shoreline Community Church to authorize any necessary emergency medical or dental treatment for my minor child(ren) while in their care.

MEDICAL PROFILE:

Generally, Participant's Health is: (Check One) _____Excellent _____Good _____Fair _____Poor
If fair or poor; please explain the Participant's condition:

List any medical conditions the participant is currently being treated for:

List any medicines or substances to which the Participant is allergic:

List any medications the Participant is currently taking:

PHOTOGRAPHS AND CHURCH ACTIVITY VIDEOS:

I do _____ I do not_____: AUTHORIZE Shoreline Community Church to use photographs and/or videos that include my minor child(ren) participating in church activities in their brochures, publications, displays, Shoreline ministries facebook pages, PowerPoint presentations and/or church website.

RELEASE AND INDEMNITY:

I, the undersigned, do hereby verify that the above information is correct and I do hereby release Shoreline Community Church, their employees and volunteers from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in Shoreline Community Church sponsored events. I agree to indemnify Shoreline Community Church for any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future arising out of or caused by my child while participating in any Shoreline Community Church activity.

Please complete and sign below:

Participant Signature (if age 18 or older) _____ Date _____

Parent/Guardian Signature _____ Date _____