

Permission Slip and Medical Release Form

As a parent or legal guardian, I hereby give permission for my child, _____
to participate in the _____ with Mt. Zion Baptist Church Student Ministries.

I further authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. I agree to be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services.

I also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above event. In no way shall I hold Mt. Zion Baptist Church and its representatives accountable for any injury and/or subsequent expense incurred by the participant.

Furthermore, I give my consent and permission for the taking of photographs and/or video of myself or my child in the MZBC function stated above. I also acknowledge that the sole purpose of the photographs and/or video taken are to be used for church related media only. Therefore, I assign any and all rights of such media to MZBC.

By signing below, I acknowledge and accept the risks of injury associated with participation.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

In the event of an emergency, you may contact me at the address and phone number below:

