

**Hocutt Memorial Baptist Church
Medical / Model Release Form 2009**

NOTE: All Hocutt Memorial mission project / trip participants and leadership must complete this form and have it notarized to be eligible to participate in a Domestic or International project. Youth must have the signature of a parent. This form contains a Medical Release and Model Release. All sections must be completed for eligibility.

Participant Information – Please Print Legibly

Name: _____ DOB: _____ Age: _____ Sex: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Your Church: _____ Address: _____ City: _____ State: _____
In case of emergency, contact _____ Day Phone: _____
Night Phone: _____ Cell Phone: _____

Medical Profile

Generally, my health is (check one): ___Excellent___ Good___ Fair___ Poor (If fair or poor, please explain your condition: _____)
Medical difficulties for which you are currently being treated: _____
Medications you are currently taking: _____
Family Physician: _____ Telephone #: _____
Date of Tetanus Shot: _____ (Must be within the last 10 years)
Insurance Company: _____ Policy #: _____
Address: _____

Authorization for Treatment/Release of All Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital or ministry leadership to administer medical care and/or medications if deemed necessary by Hocutt Memorial Youth Staff, appointed group leadership, and the hospital staff during the directed project or mission trip. I, the undersigned, do for myself or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents of Hocutt Memorial from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself and my child under 18 years of age) and do certify that I have secured primary medical insurance (for myself and my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Participant Model Release

By signing this document, the participant hereby gives Hocutt Memorial Baptist Church the absolute and irrevocable right and permission to use the participant's name and to use, publish, or reproduce any photographic image or video image with or without the participant's voice photographed taped, videotaped and/or recording during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or other lawful purpose of manner whatsoever.

Please complete and sign below (Youth 18 and under requires parent/custodian signatures)

Participant's Signature: _____ Date: _____
Father/Custodial Parent Signature: _____ Phone: _____ Date: _____
Mother/Custodial Parent Signature: _____ Phone: _____ Date: _____

Notary Public

On this _____ day of _____ month of 2009, personally appeared before me _____ personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of _____ month of 2009. My commission expires: _____.

_____, Notary Public