

PARAMOUNT STUDENTS

MEDICAL RELEASE AND INDEMNITY AGREEMENT PARENTAL PERMISSION FORM + PHOTO PERMISSION FORM

This form is valid for all Paramount Baptist Church Youth Ministry events during the year January 2022 - December 2022.

We, the undersigned, DO HEREBY RELEASE, PROMISE TO SAVE HARMLESS AND PROMISE TO INDEMNIFY Will Standridge, Paramount Baptist Church of Amarillo, Texas, and all adult sponsors of or for the Paramount Baptist Church (hereafter referred to as "INDEMNITIES" for and from any liability whatsoever for any injury, damage, accident, misfortune or death sustained by the undersigned minor during the aforementioned trip.

We the undersigned, further agree to hold the aforementioned INDEMNITIES harmless and to INDEMNIFY the same from any liability whatsoever resulting from any decision they, in their discretion, shall make, or any accident, injury, damage, death, or misfortune which might occur to the undersigned minor in connection with any activity, trip, event, or function involving or during the aforementioned trip sponsored by Paramount Baptist Church.

This agreement is given in consideration for the supervision and discipline to be provided on our behalf by said INDEMNITIES plus other good and valuable consideration.

Further, we hereby appoint Paramount Baptist Church of Amarillo, Texas and/or Will Standridge and/or any adult staff to act in my (our) place in the place in the event said minor should require medical attention during this trip. This appointment is for the purpose of securing benefits for the health and welfare of said minor and expressly includes the authority to sign releases to physicians who may render medical care and services. We promise to assume liability for payment for all such professional services, and to reimburse the Paramount Baptist Church for any expense that may be incurred for treatment, care, drugs, and other services for said minor.

If the undersigned minor's behavior is such that it endangers the welfare of others, Paramount Baptist Church or its adult sponsors have our permission to send said child home or to exercise such non-corporal discipline as they deem appropriate. If said child is sent home, I further agree to pay the transportation costs for the trip home.

This agreement shall be construed according to and governed by the laws of the State of Texas. All of the sentences, phrases and provisions of this agreement are distinct and severable, and if any clause, phrase or sentence shall be deemed illegal, void or unenforceable, it shall not affect the validity, legality or enforce ability of any other clause or portion of this agreement. It is expressly understood that any reference to "trip" contained herein includes not only travel time, but also all activities, functions, or periods of time for any duration between travel plus all periods of time when said minor is under the custody, control or direction of said "INDEMNITIES".

WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY. This agreement was signed in Randall County, Texas.

Date: _____ Minor's signature: _____ Date of Birth: _____

Parent/Guardian/Participant over 18's signature: _____ Date: _____

Please check one: I/We grant permission for any video/photo/image that includes this student (with or without any other personal identifiers) to be published on the church's website, FaceBook page, or other print or online publication. Yes No

NEED COMPLETE INFORMATION (Especially Insurance Information)

Participant's Name: _____	Medical Insurance Company: _____
Home Address: _____	Insurance Policy Number: _____
Home Phone: _____	Insurance Co. Address: _____
Parent Cell Phone: _____	Insurance Co. Phone: _____

Person to contact in case of emergency _____ Relationship: _____

Emergency Contact Phone Numbers: (home) _____ (cell) _____

Indicate date of last tetnus shot _____

List any physical limitations (allergies, etc.). If none, please indicate _____

List any medications taken regularly. If none, please indicate: _____

I give permission for my student to be administered the following over-the-counter medications as needed according to recommended dosing instructions: Tylenol Ibuprofen Benadryl Dramamine

(All other medications should be supplied by the parents and brought in original containers)