



**MEDICAL/MODEL RELEASE**

September 2014 - August 2015



**Note:** This form must be completed for all participants in the Hocutt Baptist Church AWANA clubs. Children under the age of 18 must have the signature of a parent or guardian. This form contains a Medical Release and Model Release. All sections must be completed for eligibility. Please print legibly.

**PARTICIPANT INFORMATION**

Name \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_ Age<sup>1</sup> \_\_\_\_\_ Grade<sup>1</sup> \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Home Church \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Alternate \_\_\_\_\_

<sup>1</sup>Participant must turn 1 year of age by September 1, 2014 to participate in Hocutt's AWANA clubs this year. Clubbers must meet Johnston County School cut-off requirements to be associated with their school grade level.

**MEDICAL PROFILE**

Generally, my child's health is: [Check One] \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

If FAIR or POOR, please explain any condition:

Medical difficulties CURRENTLY being treated:

Medications CURRENTLY being taken:

Medicines or substances to which your child is ALLERGIC:

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Tetanus immunization: \_\_\_\_\_ [must be within the last 10 years]

**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 Baptist AWANA staff, appointed group leadership, and the hospital staff should it be necessitated during the directed AWANA ministry. 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 Baptist Church and AWANA Clubs International 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 or my child under 18 years of age) and do certify that I have secured primary medical insurance (for myself or my child under 18 years of age).

**Participant Model Release**

By signing this document, the parent/guardian of the participant hereby gives Hocutt Baptist 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 recorded during the AWANA ministry event, and to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose or manner whatsoever.

**Please Sign Below (Youth 18 and Under Require Parent/Guardian Signatures)**

Parent/Guardian Signature(s): \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_