

**SECOND BAPTIST CHURCH STUDENT MINISTRIES
GENERAL PERMISSION FORM 2019-2020**

Through this agreement, I give _____ my permission ("Permission Form") to go with the Second Baptist Student Ministries on their various events and outings. These events and outings range from concerts, camps, retreats, local recreational activities, and mission projects. I realize that this is a general form to be placed on file in the Student Minister's office, which Second Baptist Student Ministries may use when necessary. I also understand that a separate short form, which incorporates this Permission Form therein, will be used for each particular event to show that I have further consented thereto for my student to travel with the Student Ministries of Second Baptist Church.

Parent/Guardian Name: _____ Phone: _____

If unable to reach parent/guardian in case of an emergency contact _____ Phone: _____

contact: _____ Phone: _____

If a medical emergency should arise while at the outing/event and I cannot be immediately contacted, I hereby give permission to Second Baptist Student Ministries to select a physician and/or hospital for my child's care. I hereby also give the physician and/or hospital, as selected by Second Baptist Student Ministries, my permission to hospitalize, medically treat, order injections, anesthesia, or surgery as medically necessary for my child, as reasonably determined and advised by proper medical personnel.

Insurance company name: (Please attach a copy of insurance card) _____

Policy No. _____ Exp. Date _____ Type of Coverage _____

Address of company:

Signature _____ Relationship to Child _____

STUDENT WAIVER AS TO PERSONAL PROPERTY

I understand that it is my responsibility to safeguard any personal property I bring on any outing/event. I further understand that Second Baptist Church will not be responsible under any circumstances for any property lost, misplaced, or stolen, either directly or indirectly. I further understand that such loss may or may not be covered under my homeowner's policy and that arrangements for such insurance are my responsibility. I also acknowledge and agree that Second Baptist Church does not have any insurance coverage related to any such loss of my own personal property.

Date _____

(Student Signature)

The undersigned parent(s) of _____, have signed below to indicate our agreement to the foregoing.

Parent(s) Signature(s): _____

Date: _____

Date: _____

Please print your address here:

PERMISSION TO USE PHOTOS & VIDEO

I grant to Second Baptist Church the right to take photographs and videos of me and my family in connection with the above-identified event. I authorize Second Baptist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Second Baptist Church may use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature _____ Date _____