

West Baptist Church
1100 N. Central
Batesville, AR 72501

**PARENTAL/GUARDIAN LONG-TERM
NOTARIZED PERMISSION/RELEASE FORM**

A. CHILDREN AND FRIENDS OF WEST BAPTIST CHURCH:

I, _____, desire to participate in activities being held so that I may learn more about Jesus Christ, enjoy the friendship of others, and enjoy the activities and fellowship of other teens. I agree to follow the instructions of the Family Ministry Staff and to respect the rights of others. I agree to wear my seatbelt when traveling to/from/during various events. I agree not to bring/use any alcohol, tobacco, or illegal drugs. I agree not to bring electronics, unless explicitly permitted to by Family Ministry Staff personnel. I agree that if I violate any of the conditions stated above, my parents/guardians will be notified and I may either be sent home at my expense, or my parents/guardians will be requested to pick me up before the activity is over.

I have read the PARENT/GUARDIAN section below and agree with all information approved by my parent/guardian.

Signature Of Student

Birth Date

Today's Date

B. PARENTS/GUARDIANS:

I/We give my/our participatory permission for my/our son/daughter _____

NAME OF CHILD
(Please Print)

to attend all activities, planned or informal.

Should an emergency arise, the Family Ministry Staff and/or volunteers have my permission to obtain any and all necessary medical treatment for my/our son/daughter from a medical office or a hospital. I agree to hold harmless and indemnify West Baptist Church, Batesville and its employees and volunteer staff, or any facility or business where activities take place, and its employees and volunteer staff, against any claim or action that might arise on behalf of myself or my child, other than the willful, wanton or reckless misconduct of employees or volunteer staff. I agree to allow my/our child to travel to/from/during various events in various vehicles that may or may not be owned, rented, or operated by West Baptist Church, Batesville, its employees or volunteer staff. I also agree that if my/our child fails to comply with the above guidelines, I will be notified and will pay the expense of him/her being sent home before the activity is over or will pick up my/our son/daughter from the activity before it is over.

I consent to the use of pictures or videos of my/our son/daughter in fliers, calendars, newsletters, or other appropriate visual material publicizing the ministries of West Baptist Church, Batesville.

DATE

Signature of Parent or Guardian

Name of Parent or Guardian (Please Print)

HOME OR CELL PHONE NUMBER

WORK PHONE NUMBER

ADDRESS

CITY

ST

ZIP CODE

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C. MEDICAL INFORMATION:

Allergies: _____

Medications now being taken: _____ Dosage: _____

Medical Conditions/ Problems: _____

Other Pertinent
Information: _____

D. INSURANCE INFORMATION:

NAME OF INSURED: _____

INSURANCE COMPANY: _____

INSURANCE POLICY # _____ GROUP # _____

WEST BAPTIST CHURCH PRACTICES SECONDARY INSURANCE CLAIMS. ALL CLAIMS ARE FIRST SUBMITTED TO YOUR INSURANCE COMPANY, THEN TO THE ORGANIZATION, IF FURTHER NEEDS ARE THERE. **THIS IS A LONG-TERM PERMISSION FORM! IF MEDICAL CONDITIONS OF YOUR SON/DAUGHTER CHANGE, IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN OF THE STUDENT TO NOTIFY WEST BAPTIST CHURCH IN WRITING PRIOR TO ANY AND ALL EVENTS.**

E. PHOTO/VIDEO RELEASE

I give my permission for photo/video of my child to be used in advertisements/promotional materials for West Baptist Church, Batesville, which could be used in all forms of media including but not limited to brochures, posters, newsletters, and the church website. These pictures and videos will not be sold to any outside entities but will remain for church use only.

(Signature of Parent or Guardian)

F. THIS FORM MUST BE NOTARIZED!!!

State of Arkansas County of _____

(Parent/Guardian Name) _____, 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 _____, 20____.

Notary Public _____ My Commission Expires: _____