

HENDERSONVILLE PRESBYTERIAN CHURCH

699 North Grove Street
Hendersonville, North Carolina 28792
(828) 692-3211

PARTICIPANT PERMISSION and RELEASE AGREEMENT

Valid June 2022 – June 2023

I. General Information

Name _____ Date of Birth _____
Street Address _____ Phone (Home) _____
City/State/Zip _____ Phone (Work/Cell) _____
Parent(s) or Legal Guardian Name(s) _____
Emergency Contact/Phone # _____

II. Medical Information

Family Physician: _____ Phone # _____

List all medical conditions/allergies _____

List all medications/doses _____

III. Insurance Information (A copy of both sides of insurance card is helpful)

Health Insurance Company: _____

Company Address & Phone #: _____

Policy # _____ Group _____ Prior Approval Needed: Yes ___ No ___

Other Pertinent Information _____

IV. Release Approval for Media

_____ I DO hereby consent and agree that Hendersonville Presbyterian Church, its staff, volunteers, agents or contractors may take photographs, videotape, or digital recordings of Participant engaged in activities sponsored by the church and to use these in any and all media, now or hereafter known, and exclusively for church purposes.

_____ I DO NOT give consent for Participant’s image to be used in any form of media.

Parent/Self/ Legal Guardian Signature _____ Date _____

V. Informed Consent & Hold Harmless

In the event Participant needs minor medical care from a supervising adult or more significant care from a qualified health care provider, including hospitalization and/or surgery, the parent/self/legal guardian is asked to sign the “Informed Consent” below. In the event of a medical emergency, every attempt will be made to contact the parent/guardian or emergency contact; however, the first priority is care of the Participant.

I, _____, am the parent/self/legal guardian of _____, whose date of birth is ___/___/_____. I authorize the supervising adult(s) of Hendersonville Presbyterian Church to provide for health care as follows: (a) to transport to a health care facility and to allow the employees of the health care facility to care for my child; (b) to consent to and authorize any care deemed necessary, including administration of anesthesia, radiographic studies, or surgery. **At no time can medical personnel withhold or withdraw life-sustaining procedures.**

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the supervising adult(s) for any injury arising directly or indirectly out of activities or transportation to and from church activities.

This consent shall be effective for one year from the date of execution.

Parent/ Self /Legal Guardian Signature _____ Date_____