



**MEDICAL AND PHOTO/VIDEO RELEASE**

To the best of my knowledge, I have listed in this document all of my pertinent information. In the event of a medical emergency and/or situation, I give my permission for an adult representative, leader, or employee of Wynndale Baptist Church to seek immediate medical treatment for me, and I give my consent to such medical treatment as deemed necessary by said representative, leader, or employee. I also understand that at the time of the emergency, attempts will be made to contact persons aforementioned on this form before care is rendered. I further acknowledge that I am responsible for all costs and/or charges associated with the medical care rendered to me.

During the time I am present with Wynndale Baptist Church, or its representatives, leaders, or employees, I as the legal guardian will not hold Wynndale Baptist Church, or its representatives, leaders, or employees responsible for any accident and/or medical emergency. I do hereby release and forever discharge from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my employment by or participation in a church activity. I agree to indemnify the Released Parties from any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future, arising out of or caused by myself while participating in a church activity or while on property owned by any of the Released Parties.

I further give permission to be photographed or videotaped during event activities, and for these photos and/or videos to be used in Wynndale Baptist Church public promotional materials.

I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law.

Name \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent and/or Guardian)

**NOTARY PUBLIC**

Subscribed and sworn to before me, in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
a Notary Public in and for the (county) \_\_\_\_\_ STATE of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.