

Water's Edge Community Church

Medical Release/Waiver

Child Information:

Last Name, First _____

Address _____

City/Zip _____ Phone (____) _____

Grade _____ Birthday ____/____/____ SS# _____

In an emergency, contact:

Primary Contact: _____ Relation: _____

Work (____) _____ Home (____) _____ Cell (____) _____

Secondary Contact: _____ Relation: _____

Work (____) _____ Home (____) _____ Cell (____) _____

Publication Use Release:

- Yes, I authorize Water's Edge Community Church to use images of my child, including but not limited to photographs and video footage, for use on the Church website, in printed media, and in video publications.
- No, I do not grant authorization for use of my child's image for church publication at this time.

I understand that in making this authorization, none of the above referenced pictures or videos will be used for commercial purposes and will not be sold or used for profit, but will be used for the church's ministry and promotion of the church's ministry only. I realize that if I change my mind at any time I must notify the Water's Edge in writing to cancel this authorization and sign a new form that sets forth my revised authorization.

Insurance Information:

Insurance Provider: _____ ID #: _____

In the event of an emergency, where medical treatment is required, I give my permission to the church staff or sponsor(s) to obtain the services of a licensed physician as it relates to

(Dependent's name)

*Please attempt to notify me immediately concerning any such emergency. I understand that this waiver that I am signing will allow my child to be involved in various events or activities offered by Water's Edge Community Church. I also understand that this Medical Waiver will be invalid upon **December 31, 2018**. I also understand that I am responsible for contacting Water's Edge Community Church to update any information that may change concerning the above-mentioned child.*

I understand that Water's Edge Community Church and the accompanying sponsors are not liable for any accidents, illnesses, or any other problems, damages, or costs incurred by or to my child. I release Water's Edge Community Church and the accompanying sponsors from all responsibility for any accidents, illnesses or any other problems, damages, or costs incurred by or to my child.

Signature of Parent or Guardian

Parent/Guardian

Date