

## Medical and Liability Release

### PLEASE COMPLETE THE MEDICAL RELEASE AND PHOTO RELEASE FORM

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by the CEF® of Virginia and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold CEF® of Virginia, Liberty Baptist Church, Shenandoah county school and its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mobile Phone (\_\_\_\_) \_\_\_\_\_

**Alternate Contact Person:** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mobile Phone (\_\_\_\_) \_\_\_\_\_

## **Promotional Release Form**

I hereby consent to the use by Strasburg GNC Facebook page, CEF® of Virginia of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of the ministry by CEF® of Virginia, which includes recruitment and fund-raising efforts.

I release CEF® of Virginia from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment, or fund-raising program.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions please call me Dusty Dillman at 540-465-8016, Or for information go to **Strasburg FCA-GNC** on Facebook. **Please do not call the school, they are not a part of this club.**