

# PARENT & STUDENT RELEASE STATEMENT

As parent/legal guardian of \_\_\_\_\_, I have reviewed the information about SKWIM 2020 and give my permission for the subject of this release to be involved in the activities indicated on their registration form.

I/We consent to the use of any video images, photographs, audio recordings or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed or shown as American Baptist Churches of the Great Rivers Region sees fit.

I/We understand all reasonable safety precautions will be taken at all times by the American Baptist Churches of the Great Rivers Region and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold American Baptist Churches of the Great Rivers Region, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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

## MEDICAL RELEASE FORM

In the event that our son/daughter, \_\_\_\_\_ becomes ill or sustains an injury while on an authorized and chaperoned outing from the American Baptist Churches of the Great Rivers Region. I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent to an x-ray examination, anesthetic, medical or dental or surgical diagnosis and treatment and hospital care, and the administration of drugs and medicine to be rendered to my son/daughter under the general or specialized supervision and upon the advice of a duly licensed physician or surgeon. I understand that a copy of this consent is as valid as an original. This consent is to remain in effect until written revocation is made.

Date \_\_\_\_\_ Signature of Parent / Guardian \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_