



**STUDENT MINISTRY**

Salem Baptist Church of Fredericksburg, Inc.  
4044 Plank Rd.  
Fredericksburg, VA 22407  
(540) 786-7320

**Medical Release & Permission Form**

DOES SALEM BAPTIST CHURCH OF FREDERICKSBURG, INC., HAVE PERMISSION TO USE VIDEOS AND/OR PHOTOGRAPHS OF MY CHILD IN ANY REPORTS AND PUBLICATIONS, INCLUDING AN INFORMATIONAL BROCHURE AND WEB SITE? I UNDERSTAND THAT SALEM BAPTIST CHURCH OF FREDERICKSBURG, INC. IS A NON-PROFIT ORGANIZATION, AND THAT THESE PHOTOGRAPHS WILL NOT BE USED FOR ANY COMMERCIAL PURPOSE. SALEM BAPTIST CHURCH OF FREDERICKSBURG, INC. WILL NOT PUBLISH THE IDENTITY OF ANY MINOR(S) PICTURED IN THE VIDEOS/PHOTOGRAPHS PROVIDED.

YES OR NO (PLEASE CIRCLE ONE.)

Activities may include, but are not limited to: cookouts, boating, rafting, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.**

\_\_\_\_\_ has will attend all youth activities sponsored by

NAME OF PARTICIPANT

Salem Baptist Church of Fredericksburg, Inc. (hereinafter the "Church") from:

**SEPTEMBER 2024 TO AUGUST 2025**

**Please note that if the person picking up youth is not listed, we must know in advance that they have permission to go with them.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

**I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church.** \_\_\_\_\_ Parent/Guardian initial

**I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member.** \_\_\_\_\_ Parent/Guardian initial

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during involvement in activities. In the event an injury occurs and requires the attention of a doctor, I/we understand efforts will be made to contact parents/guardians/emergency contacts however if they cannot be reach consent is granted to any reasonable medical treatment as deemed necessary by a licensed physician, including anesthesia. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force.

Participant (if over 18) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian (If participant is under 18) Signature: \_\_\_\_\_

NOTARY \_\_\_\_\_

COMMISSION EXPIRES \_\_\_\_\_