



2400 WEST BAY AREA BLVD.
FRIENDSWOOD, TX 77546

MEDICAL & PHOTO RELEASE

TO COVER ALL ACTIVITIES
FOR THE PERIOD

JUNE 01, 2010 – MAY 31, 2011

In consideration for being accepted by **Southeast Church of Christ** for participation in all activities or trips for the period noted above, I being 18 years of age or older do for myself, or on behalf of my child-participant if said child is not 18 years of age or older, do hereby release, forever discharge and agree to hold harmless **Southeast Church of Christ** and its directors, employees, and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in activities or trips, and traveling To/from said activities or trips.

Furthermore, I, and on behalf of my child-participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, work, and service activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify said church, its directors, employees, and agents for any liability sustained by said church and others as the result of the negligent, willful or intentional acts of said participant, including expenses, costs, and attorney's fees incurred attendant thereto.

Further, should it be necessary for the child-participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

IF PARTICIPANT HAS NOT ATTAINED THE AGE OF 18 YEARS: I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in activities and/or trips sponsored by Southeast, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to, emergency surgery or medical treatment, and agree to assume the responsibility of all medical bills, if any.

PARTICIPANT NAME		PARTICIPANT AGE	
ADDRESS - CITY - STATE - ZIP			
HOME PHONE	PARENT WORK PHONE	PARENT CELL PHONE	
PRIMARY EMERGENCY CONTACT NAME		PRIMARY EMERGENCY PHONE NUMBER	
SECONDARY EMERGENCY CONTACT NAME		SECONDARY EMERGENCY PHONE NUMBER	
HOSPITAL INSURANCE COMPANY		INSURANCE COMPANY PHONE NUMBER (ON BACK OF CARD)	
NAME OF INSURED	POLICY OR IDENTIFICATION NUMBER	GROUP NUMBER	
PRIMARY PHYSICIAN NAME		PRIMARY PHYSICIAN PHONE NUMBER	
SIGNATURE OF PARENT, LEGAL GUARDIAN OR PARTICIPANT (18+)		DATE	
I GRANT PERMISSION FOR SOUTHEAST CHURCH OF CHRIST TO USE MY / MY CHILD'S PHOTOGRAPH OR VIDEO IN ANY SOUTHEAST CHURCH OF CHRIST PUBLICATION, VIDEO, AND WEB USE. SIGNATURE OF PARENT, LEGAL GUARDIAN OR PARTICIPANT (18+)			

THE STATE OF TEXAS § BEFORE ME, the undersigned Notary Public, personally appeared _____,
§ known to me to be the person whose name is subscribed to the foregoing instrument and
COUNTY OF HARRIS § acknowledged to me that he/she executed the same in his/her authorized capacity for the purposes stated herein.

WITNESS MY HAND AND OFFICE SEAL:

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS