



**PARENTAL CONSENT-MEDICAL EMERGENCY AUTHORIZATION
AGREEMENT- PHOTO PERMISSION**

ACTIVITY: Grace Baptist High Power Soccer Camp – June 3-7, 2019

Participant Name(s) _____

The above has(have) my permission to engage in prescribed activities, except as noted by me (see below). In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of the above named, due to sickness or accident while attending Grace Baptist Children’s Activities, or in route to or from destination. I also authorize any adult counselor to transport the above named at their discretion in case of an emergency.

I authorize the use of the above named participant(s) likeness and image to be used by Grace Baptist Church.

I represent to you that I and the participant(s) hold Grace Baptist Church of Fairborn, its agents, employees, volunteers and representatives harmless from all liability arising as a result of the conduct of the participant(s) and agree to defend and indemnify Grace Baptist Church, its agents, employees, volunteers and representatives against any claim or liability arising as a result of such conduct. I also do hereby agree to release and hold harmless Grace Baptist Church, its agents, employees, volunteers and representatives of all liability of whatever nature which may arise out of or result from participation.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name: _____

Please list any allergies, medical or other special conditions we should be aware of:
