



Trinity Baptist Church
Consent for Medical Emergencies and Photography

Parent/Guardian Name(s): _____

Child/Children Name(s): _____

Address: _____

Phone Number _____ Cell Phone _____

Phone Number _____ Cell Phone _____

Email _____

I/we, the parents or guardians, authorize a Trinity Baptist Church Volunteer to sign consent for emergency medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for my child.

I/we, undertake and agree to indemnify and hold blameless the Ministry Staff of Trinity Baptist Church and the Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities, as well as of any medical treatment authorized by the supervising individuals representing the church.

I/we, agree to grant Trinity Baptist Church and its legal representatives the right to use photographs or video images of my child for the purpose of its ministry.

I/we understand that these photographs or video images may be used by Trinity Baptist Church for the following purposes, including but not limited to: printed publication within the church and slideshows. All children will remain unidentified in any photographs or videos used. This undertaking includes the right to modify and retouch the images at the discretion of Trinity Baptist Church. I understand that I will not be given the opportunity to inspect or approve the finished products that may be used in connection therewith.

In granting this permission to Trinity Baptist Church and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

This consent and authorization is effective only when participating in events of HOOPs Basketball Camp and Trinity Baptist Church.

Parent/Guardian Signature

I have read, understood and agree with the above and sign it to cover only the activities held from July 17th, 2017 to July 20th, 2017.

Signature _____ Date _____

Signature _____ Date _____



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Child's Name _____

Child's Birth date _____

Alberta Health Care Number _____

Allergies _____

Medical Information _____

Child's Name _____

Child's Birth date _____

Alberta Health Care Number _____

Allergies _____

Medical Information _____

Emergency Contact Information

Emergency Contact _____

Relationship _____

Contact Number _____

Other Information _____