



## LIABILITY, MEDICAL AND PHOTO RELEASE FORM

Department or Activity: \_\_\_\_\_

### Participant Information:

Printed full name of participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: ☐ Male ☐ Female Birthdate: \_\_\_\_\_

Printed full name of guardian/parent (if minor): \_\_\_\_\_

☐ Mother ☐ Father ☐ Legal Guardian

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

### Liability and Medical Release:

We (I) do hereby release, forever discharge and agree to hold harmless Portland Christian Center (Church), the staff and volunteers 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 participant that occur while said participant is participating in the above described trip or activity. Furthermore, we (I), assume all risk of personal injury, sickness, death, damage and expense as a result of participation in transportation, recreation and work 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 hereby agree(s) to hold harmless and indemnify said Church, its directors, employees and agents, for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I), hereby grant our (my) permission for my child to participate fully in Portland Christian Center's trip or activities, and hereby give our (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 assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, family emergencies, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Signature of participant or signature of parent or legal guardian (if minor)

Date

Participant name: \_\_\_\_\_

**Medical information of participant:**

Allergies: \_\_\_\_\_

Special instructions or medical conditions: \_\_\_\_\_

Medications including dosage and instructions: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Photo Release:**

I acknowledge and agree to the following: I hereby grant permission to Portland Christian Center (Church) to use my or my child's photograph(s), video or audio recording on its website or in any other official Church sites, videos, slides, recordings, printed publications, or any record of my participation in Church activities for legitimate purposes and without further consideration. I acknowledge the Church's right to crop or treat the photograph(s) at its discretion. I also acknowledge that the Church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date. The Church reserves the right to discontinue use of any photograph(s) without notice. I also understand that once my or my child's image is posted on the Church's website or social media, the image can be downloaded by any computer user. I therefore indemnify and hold harmless Portland Christian Center, the Assemblies of God denomination and any employee, agent, or representative thereof from claims arising out of the use of my or my child's photograph(s). You may request a copy of our Digital / Audio / Photography policy from the Church office. I understand that my consent is in effect until such time that I inform Portland Christian Center in writing to discontinue the use of my or my child's photograph(s).

\_\_\_\_\_  
Signature of participant (if middle school or above) Date

\_\_\_\_\_  
Signature of parent or legal guardian (if participant is under 18 years of age) Date

**Media Opt-Out:**

If you, or your child choose, to **opt out** of the photo release for you or your child please sign here and include a photo to be used by Portland Christian Center to confirm identity of those to not be included in this opt-out option:

\_\_\_\_\_  
Signature of participant (if middle school or above) Date

\_\_\_\_\_  
Signature of parent or legal guardian (if minor) Date