

# MEDICAL AND PHOTO RELEASE FORM



Titus Fellowship  
3376 Coshatte Rd  
Bellville, TX 77418

Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_

Participant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Phone: \_\_\_\_\_ Participant Email: \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE CONTACT:

Guardian Name 1: \_\_\_\_\_ Guardian Name 2: \_\_\_\_\_

Guardian Cell Phone 1: \_\_\_\_\_ Guardian Cell Phone 2: \_\_\_\_\_

Guardian Email 1: \_\_\_\_\_ Guardian Email 2: \_\_\_\_\_

Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Known food/drug allergies: \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

Swimming: My child is a ☐ non-swimmer ☐ fair swimmer ☐ good swimmer Date of last tetanus shot/booster: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Photo Release:** I grant Titus Fellowship Church the right to photograph/film above named participant during any church sponsored activities, with the understanding that pictures/videos may be used in promotional materials or otherwise published in print, digital or web form. ☐ Yes ☐ No

## I understand that my signature conveys the following:

1. I hereby grant the above-named participant (if minor) my permission to participate in various church sponsored youth trips, outings and camps.
2. I further give my permission for church representatives to secure necessary medical treatment for above-named participant if I cannot be reached.
3. I knowingly release, absolve, indemnify, and hold harmless Titus Fellowship Church of Bellville, Texas, its employees and representatives from all claims that might result from any injury or death of above-named participant.
4. Should medical treatment be required, I agree to pay all medical/hospital costs, either directly or through my personal insurance policy.
5. I further understand and agree that in the event the above-named participant be involved in activities that violate or compromise the rules, policies, or purposes of Titus Fellowship Church, I accept full responsibility including related expenses for release of participant.
6. By signing this document, I confirm that I have the authority to sign, have read the entire document, and understand that the document waves certain rights of the person signing and the participant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or court-appointed legal guardian must sign for any participant under 18 years of age.*

## STATE OF TEXAS

County of HARRIS

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, year 2019.

(PERSONALIZED SEAL)

\_\_\_\_\_  
Notary Public's Signature