

Bring original and one copy of this form to registration

Ocoee Outreach Medical/ Photo and Video Permission and Release Form

Church/Group Name _____ Leader/sponsor's Name _____

Participant's Name _____ Social Security # _____

Address _____ City _____ St _____ Zip _____

Date of Birth ____/____/____ Age _____ School Grade _____

Parent/Guardian (if under age 18) _____ Social Security # _____

Home phone (____) _____ Work (____) _____ Cell (____) _____

Health Information

Health Insurance Co. _____ Group/Policy # _____

Family Physician _____ Phone (____) _____

Medications: _____

Dosage/Frequency/Side Effects: _____

Allergies: _____

Symptoms: _____ Antidote _____

Date of Last Tetanus Shot: _____

Other Information/Medical Conditions: _____

AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Ocoee Outreach Staff and the physician or hospital staff during the Ocoee Outreach Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of Ocoee Outreach from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I hereby give Ocoee Outreach the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Ocoee Outreach Project. I hereby give Ocoee Outreach permission to contact me via mail, email or phone about the latest news and info. Ocoee Outreach will not sell email addresses to third parties. If I am 18 years old or older, I authorize my church or Ocoee Outreach to conduct a background check.

PLEASE COMPLETE AND SIGN BELOW - Parent/Custodial Signatures Required for Participants Under 18 Years of Age Only

Participant Signature _____ Date _____

Father/Custodial Parent Signature _____ Phone _____ Date _____

Mother/Custodial Parent Signature _____ Phone _____ Date _____

NOTARY PUBLIC - Participants Under 18 Years of Age Only

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date _____

Notary Public

My commission Expires: _____