

SC YOUTH CONFERENCE/FINE ARTS MEDICAL AND RELEASE FORM 2025

Medical Form

Registrant's Full Name (Please print) _____

Church Name _____

I, the parent or legal guardian of Child, understand that I will be notified in the case of a medical emergency involving the Child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the Temporary Guardian or any leader on this trip to make emergency medical care decisions on behalf of the Child, if required by law or a health care provider.

I, the parent or legal guardian of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and I hereby agree to hold harmless, defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for the Child. It is my express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of the Child. I agree to notify "GC" in the event of any health changes which would restrict the Child's participation in this ministry event. I also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

Medications to which the registrant is allergic: _____

Is there anything in the registrant's medical history staff should be aware of in case of a medical emergency?

Emergency Contact _____

Emergency Phone (_____) _____

Photograph & Video Release

I hereby grant GC permission to the rights of the Child's image, likeness, and sound of their voice as recorded digitally or on audio or video tape without payment or any other consideration. I understand that the Child's image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Child's image or recording. I agree that GC may use such images of the Child with or without the Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release, defend, hold harmless and indemnify GC from any and all claims for utilizing this material.

REGISTRANT SIGNATURE *(required regardless of age)* _____

Date ____/____/____

Your signature indicates that you have completely read and understand the 2025 *Fine Arts Official Rule Book*, guidelines, and medical release and will abide by them.

PARENT SIGNATURE *(required for ALL registrants under 18)* _____

Date ____/____/____

Your signature indicates that you understand and support your child's involvement in Fine Arts and will abide by all rules, guidelines, and medical and other releases.

PASTOR SIGNATURE *(required for ALL Fine Arts Participants)* _____

Date ____/____/____

Your signature indicates approval of this student's participation in Fine Arts and confirms he/she attends your Assemblies of God church or youth group.