

Next Gen Ministry Release Form

Goodlettsville & Gallatin Church

To be completed by Parent

Name of participant: _____

Child's Cell: _____ Date of Birth: _____

School Attending: _____ Grade: _____

Parent's Name: _____

Parent's Address: _____ City _____, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Parent's email: _____

Emergency Contact (in case parent cannot be reached): _____

Phone: _____ Relationship to child: _____

I hereby give my permission for my child to be videoed and photographed to be used to promote future ministries at Gallatin/Goodlettsville Church. I understand that these photos may be used on our church's social media sites and/or website.

Parent Signature _____ Date: _____

I hereby give my permission for _____ to participate in all activities and attend the 2021 Goodlettsville/Gallatin Church Ministry events and to be transported to & from said events by church leaders and/or volunteers. I agree to release and hold harmless any staff, volunteers and assistants of Goodlettsville Cumberland Presbyterian Church as well as the church itself from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their participation in said activities/events &/or transportation to or from arising from exercise of the power granted by this authorization.

Parent Signature _____ Date: _____

Goodlettsville/Gallatin Church Medical Release Form
Please staple a photocopy of your insurance card to form

I, _____, legal guardian of _____, authorize the adult
Parent/Legal Guardian *Child's name*

Leaders/volunteers of Goodlettsville and/or Gallatin Church to care for the administration of general first aid treatment for any minor injuries received to my child during the event.

If the injury sustained is life threatening, or in need of emergency treatment, I authorize the adult leaders/volunteers of Goodlettsville and/or Gallatin Church or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I agree to release and hold harmless any staff, volunteers and assistants of Goodlettsville and/or Gallatin Church from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization.

Parent or guardian's signature _____

Insurance Company _____

Policy Number _____ Group # _____

List the name(s) and dosage(s) of any medications that will be taking while attending retreat.

List any medication allergies: _____

Year of last tetanus shot: _____

List any medical conditions or activity limitations: _____

Doctor's Name _____ Phone # _____

I give the Goodlettsville and/or Gallatin Church adult leaders permission to give my child (check boxes) **if needed**

Daily Medications Tylenol Motrin/Ibuprofen Emergency Care

Parent/Guardian Signature _____ Date _____

State of Tennessee County of _____

Sworn & subscribed before me this _____ day of _____ 20____

Notary of Public: _____ Date: _____

My commission expires: _____