

*\*\*Please read the following carefully before signing at the bottom of this page\*\**

## Photo Release Disclaimer

During this event, KIDS MUSIC CAMP Leaders may be videotaping, audiotaping and photographing. Most likely, you will be filmed, recorded or photographed as part of the whole group or individually. By your attendance, you are granting permission to be audiotaped or photographed for commercial and social media purposes - and agree to the following: being recorded, filmed, videotaped, or photographed by any means; commercial or any other uses of your likeness, voice and words without compensation; specifically waiving all right of privacy during the videotaping, filming, recording or photographing and release Bell Shoals Baptist Church and KIDS WOSRHIP CAMP 2018 from liability for loss, damage or compensation for the commercial or other use of your likeness, image, voice or words; compliance with all rules and regulation of KIDS WORSHIP CAMP for this event.

## Consent to Medical Treatment

In the event that my child is injured or becomes ill in KIDS WORSHIP CAMP activities, and if I, the parent or guardian of the child named child, am not present to make a medical decision, I hereby authorize the Church, its' staff, volunteers, including volunteer parent participants, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including test and radiological exams, surgery, hospital care and treatment, and to consent to medications for pain and other condition as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

Your signature below indicates that you fully agree to all statements made on the form.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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