

# WEATHERLY HEIGHTS BAPTIST CHURCH PARTICIPANT FORM

1306 Cannstatt Drive Huntsville, AL 35803  
256-881-6882 • www.weatherly.org

PARTICIPANTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S CELL \_\_\_\_\_

CHILD'S E-MAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

## Information Disclosure Release

I, the undersigned, hereby give consent for the person identified by this form to be interviewed, taped (audio or visual) and/or photographed for use by Weatherly Heights Baptist Church, Huntsville, AL, its affiliates, assigns, representatives, staff, contractors, and employees (collectively, "WHBC") in any and all media, including but not limited to newspapers, brochures, pamphlets, television, radio, magazines, advertising, WHBC publications or video productions, and the Internet. I hereby relinquish any right, title or interest in such interviews, photographs and/or tapes, and to any control over their use. I understand that at no time will anyone be identified by name in any and all WHBC media. I hereby release and forever discharge and agree to hold harmless WHBC from any and all liability arising from the interview, photograph and/or tape and any newspaper, brochure or magazine article and/or advertisement (print, broadcast or Internet) and/or any other use by WHBC of this interview, photograph and/or tape.

Signature \_\_\_\_\_  
(person being interviewed/photographed or legally authorized representative)

Relationship to Subject \_\_\_\_\_

## Permission for Medical Treatment

In the event that my child \_\_\_\_\_ becomes ill or sustains an injury while on an authorized and chaperoned outing from the Weatherly Heights Baptist Church, I, the undersigned give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent to an x-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervisor and upon the advice of a duly licensed physician and/or surgeon.

I do hereby release and forever discharge Weatherly Heights Baptist Church, Huntsville and any representative of Weatherly Heights Baptist Church, Huntsville from any and all claims, demands, actions or cause of actions, past, present or future, arising out of any damage or injury while participating in such outings.

I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

## Transportation Disclosure Release

I hereby give consent for my child to travel in the WHBC Church Bus or personal vehicle of a WHBC Chaperone on WHBC trips/events. I also agree that my child will NOT travel in the car of any driver under the age of 21 unless my expressed consent has been given to the WHBC Staff member in charge of the trip/event. I hereby release and forever discharge and agree to hold harmless WHBC Staff or WHBC Adult Chaperones from any and all liability arising from transportation in the above situations mentioned.

## PARENT OR GAURDIAN SIGNATURE:

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

