

# BLACK SPRINGS

*Baptist Church*



## 2018 Mega Sports Camp Vacation Bible School Medical Release and Permission to Photograph Form

### Medical Release

I, \_\_\_\_\_, understand Black Springs Baptist Church of Milledgeville will  
(Print Parent/Guardian Name)

make every effort to contact me, or those named in case of an emergency requiring a physician. However, if unable to make contact, the Church leaders are hereby authorized to take whatever action is deemed necessary in their judgement for the health of my child, \_\_\_\_\_.  
(Print Child's Name)

I also understand the church has no financial responsibility for emergency care for my child or transportation in an emergency vehicle should the need arise.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission to Photograph

I, \_\_\_\_\_, grant Black Springs Baptist Church of Milledgeville  
(Print Parent/Guardian Name)

permission to use photographs of my child, \_\_\_\_\_, in its publications  
(Print Child's Name)

(slideshow, website entries, etc)..

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_