



3243 US Hwy 70 East
Smithfield, NC 27577

**North Carolina
Johnston County**

Medical Release & Indemnity Agreement

THIS AGREEMENT made and entered into this ____ day of _____, 20__ , by and between **Ignite Bible Fellowship Church, INC.** (hereafter **Ignite**), of Johnston County, North Carolina, and _____ (hereafter participate / and or legal guardian).

Parents and legal guardians of children under the age of 18 or participates of 18 years of age or above are asked to complete this form and return it to **Ignite**. The information requested is designed to assist **Ignite** in providing for the safety of the participate during church-sponsored activities.

General Information (please print)

Children / Participate's

Name _____ DOB _____

Address _____

Home Phone # _____ Work Phone # _____

If under 18 years of Age:

Father's Name _____ Mother's Name _____

Cell Phone # (Dad) _____ (Mom) _____

Family Doctor _____ Phone # _____

WITNESSETH:

The parties agree as follows:

1. INDEMNIFICATION RELEASE AND HOLD HARMLESS:

I am aware that _____'s participation in this activity and/or activities could involve the risk of injury to my child. I hereby agree to let my child participate and to hold **IGNITE** harmless from any and all liability actions, courses of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child participating in any activities. Because of the risks involved, I will encourage my child to follow the instructions of the supervising adults. My permission is granted for supervising adults to obtain medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by the church chaperone.

2. Photo/Video Notice & Release

I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/or the church website. I am signing this of my own free will.

3. Medical Information

Insurance Carrier _____ Policy # _____

Policy Holder's Name _____ Relationship to child _____

Employer _____ Work Phone _____

Employer's Address _____

*** PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

WITNESS the following signatures, all affixed on the date hereinabove provided.

IGNITE BIBLE FELLOWSHIP CHURCH, INC.

PARTICIPATE / AND OR LEGAL GUARDIAN

By: _____
CHURCH REPRESENTATIVE

By: _____
PARTICIPATE / AND OR LEGAL GUARDIAN