

Medical and Liability Release

During activities at or sponsored by St. Martin-in-the-Fields Episcopal Church, in the event of sickness or medical emergency, I request that my child, _____, receive any medical attention or treatment deemed necessary.

I give permission to any hospital, doctor, or health care provider to transport, treat, admit, and/or care for my child. In the event that I am not present at the time of the emergency or cannot be contacted, I entrust my child's care to the staff and/or designated ministry leadership of St. Martin-in-the-Fields Episcopal Church.

Parent/Guardian name (print): _____

Parent/Guardian signature: _____

Date: _____

Personal Release to St. Martin-in-the-Fields Episcopal Church and The Episcopal Diocese of Fort Worth

I grant to St. Martin-in-the-Fields Episcopal Church and to The Episcopal Diocese of Fort Worth, their representatives and employees the right to take photographs, video recordings, and sound recordings of me. I authorize St. Martin-in-the-Fields Episcopal Church and The Episcopal Diocese of Fort Worth, its assigns and transferees to alter, copyright, use and publish the same in print and/or electronically, with or without my name, for any lawful purpose, including such purposes as publicity, illustration, advertising, displays, and internet content. I hereby waive any right that I may have to inspect or approve photo, video, or sound products. In addition, I waive the right to any compensation related to their use.

Date: _____

Participant Name (print): _____

Participant is under age 18

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Participant is over age 18

Participant Signature: _____