

Participant Information: (To be completed by authorized parent/guardian of participant): PRINT LEGIBLY

Name of participant: _____ DOB: _____ Phone: _____ Email: _____

Address of participant: _____

Name of parent/guardian: _____ Email: _____ Phone: _____

Address of parent/guardian (if different): _____

Name of emergency contact: _____ Phone: _____

List allergies or medical conditions: _____

Medications: _____

Doctor's Name: _____ Phone: _____ Date of Last Tetanus shot: _____

Are WOC and its agents authorized to approve medical treatment? Yes No

Limitations on emergency medical treatment, if any: _____

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____ Policy or group number: _____

The authorized parent/guardian of participant agrees to notify WOC immediately of any changes to the information contained herein.

WORLD OUTREACH CHURCH

Release for Publishing or Showing Minor Child's Still or Moving Image or Voice

I, the parent/guardian of _____, understand that from time to time, pictures are taken and video and audio recordings are made during any World Outreach Church activities whether conducted at World Outreach Church ("WOC") or any offsite venues, and then they may be edited, reproduced, and presented in various church-sponsored media. These include, but are not limited to: pictures, audio and video productions, newsletters, television programs, Sanctuary screens and other congregational purposes, all social media platforms, web casts, telecasts, streaming and any other type of broadcast, books, publications and other printed materials, brochures, handbooks, educational programs, CDs, DVDs, on-line educational courses, Internet web pages or for any other purpose by WOC. This form is to notify you that those meetings, events and activities (including worship and classroom settings) are considered public and they may be audio and video taped and photographed and used in the above listed manner. This form is also intended to obtain your permission for WOC to use your child's pictures and video and audio recordings as listed above.

Further, on occasion a child's image may be singled out and used as an identifiable image. In order for WOC to use an image of your child where he or she is not part of a larger group, we ask that you sign the waiver below to grant permission for us to use your child's image.

I hereby grant permission to WOC and its successors or assigns the rights to use any image or likeness as well as the sound of my child's voice as recorded on audio or video tape. I hereby remise, release and forever discharge WOC, its Trustees, officers, employees, agents, successors and assigns from any liability for any injury or action against my minor child resulting from the use of such pictures, audio, video or other images in any medium utilized. This release also provides that WOC will not be responsible for any other user's reproduction, display, distribution or modification of my minor child's images in any manner, nor will WOC be responsible for defamation, misrepresentation or criminal acts by any unauthorized use of WOC's images by third parties.

I hereby release to WOC all rights to copyright the pictures, video and audio recordings and/or exhibit them in print or electronic form publicly or privately. I also permit WOC to market and sell copies in its sole discretion. I waive any rights, claims or interest that I or my child may have concerning these images, including but not limited to, the right to inspect or approve any photograph, audio or video recording taken and/or the finished product wherein my child's likeness appears. I understand that I will not be compensated in any way for the use of my child's photograph, whether it is a still or moving image, as well as any audio recording.

WOC has my permission to use my child's image in the media types listed above, as well as any new media formats that are developed in the future. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. I am at least 18 years of age. I understand the above statements and I am competent to execute this agreement. I understand this permission signifies that photographs, audio and video recordings of my child may be electronically displayed via the Internet or in a public setting in the manners listed above. I agree to be bound by the terms of this agreement.

Parent/Guardian Signature

Printed Name

Date

Parent/Guardian Address

Telephone Number

STATE OF TENNESSEE)
RUTHERFORD COUNTY)

Sworn to and subscribed before me by _____ this _____ day of _____, 20____.

Notary Public

My commission expires: _____